Harrison Health Associates
Raymond E. Stricker D.C., L.L.C.

10555 B Harrison Ave.
Harrison, OH 45030

Phone: 513.367.5799
Fax: 513.367.5752

Patient Information		
First Name	Last Name	
☐Male ☐Female	Date of Birth	SSN#
Address	City	
State	Zip	Home Phone
Email: Referred by:		
Insured's Information		
Insured's First Name	Insured's Last Name	
☐Male ☐Female	Insured's DOB	Insured's SSN
Attorney Information		
Attorney Name		
Address	City	
State	Zip	Phone

Insurance Company		
Primary Insurance Carrier	Policy #	Claim #
Address	City	
State	Zip	Phone
Secondary Insurance Carrier		
Address	City	
State	Zip	Phone
Employer Information		
Employer Name		
Address	City	
State	Zip	Phone

Date of Injury	Time of Injury	Date of First Treatment	Type of Injury ☐Auto Accident ☐Work Injury ☐Other Injury

History of Injury

In your own words, please describe your injury:

____
____
____
____
____

Previous Condition and Treatment

In your own words, please list any previous medical conditions and treatment:

____
____
____

IMPROVE YOUR QUALITY OF LIFE WITH HANDS ON CARE!

General Symptoms (Mark as many as apply)

☐Nervousness ☐Irritability ☐Fatigue
☐Depression ☐Loss of sleep ☐Tension
☐PMS ☐Jaw Pain

Head (Mark as many as apply)

☐Sharp ☐Dull ☐Migraine
Location: ☐Back of head ☐Forehead
☐Temples ☐Behind eyes
☐Right side ☐Left side
☐Light headed ☐Memory loss ☐Fainting
☐Blurred vision ☐Double vision ☐Light sensitivity
☐Balance loss ☐Hearing loss ☐Ringing in ears

No pain — Extreme pain
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐0-25% ☐26-50% ☐51-75% ☐76-100%

Shoulders (Mark as many as apply)

	Right	Left	Both
Pain in joint:	☐	☐	☐
Pain across shoulders:	☐	☐	☐
Limitation of movement:	☐	☐	☐
Tension			

No pain — Extreme pain
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐0-25% ☐26-50% ☐51-75% ☐76-100%

Chest (Mark as many as apply)

	Right	Left	Both
Pain around ribs:	☐	☐	☐
Deep chest pain:	☐	☐	☐

☐Shortness of breath ☐Irregular heartbeat

No pain — Extreme pain
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐0-25% ☐26-50% ☐51-75% ☐76-100%

Abdominal: (Mark as many as apply)

☐Nervous stomach ☐Nausea ☐Gas
☐Constipation ☐Diarrhea ☐Heartburn
☐Indigestion ☐Loss of appetite ☐Pain

No pain — Extreme pain
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐0-25% ☐26-50% ☐51-75% ☐76-100%

Feet: (Mark as many as apply)

	Right	Left	Both
Ankle Pain:	☐	☐	☐
Swollen Ankle:	☐	☐	☐
Foot Pain:	☐	☐	☐
Numbness of Feet:	☐	☐	☐
Swollen Feet:	☐	☐	☐
Cramps:	☐	☐	☐

No pain — Extreme pain
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐0-25% ☐26-50% ☐51-75% ☐76-100%

Please indicate actions which AGGRAVATE the above conditions:

☐Bending ☐Walking ☐Coughing
☐Twisting ☐Sitting ☐Straining
☐Lifting ☐Lying Down ☐Sneezing

Patient Name:

Patient Signature:

Date:

Neck (Mark as many as apply)

☐Pain ☐Left side ☐Right side ☐Both
Pain increased by:
☐Forward movement ☐Backward movement
☐Rotate head left ☐Rotate head right
☐Bend neck left ☐Bend neck right
☐Stiffness ☐Muscle spasm ☐Grinding/Grating sounds

No pain — Extreme pain
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐0-25% ☐26-50% ☐51-75% ☐76-100%

Midback: (Mark as many as apply)

	Right	Left	Both
Pain:	☐	☐	☐
Muscle Spasm:	☐	☐	☐

No pain — Extreme pain
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐0-25% ☐26-50% ☐51-75% ☐76-100%

Arm: (Mark as many as apply)

	Right	Left	Both
Pain in Upper Arm:	☐	☐	☐
Pain in Elbow:	☐	☐	☐
Pain in Forearm	☐	☐	☐
Pins and Needles (Arm):	☐	☐	☐
Pins and Needles (Forearm):	☐	☐	☐
Numbness in Arm:	☐	☐	☐
Numbness in Forearm:	☐	☐	☐

No pain — Extreme pain
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐0-25% ☐26-50% ☐51-75% ☐76-100%

Low Back: (Mark as many as apply)

	Right	Left	Both
Upper Lumbar Pain:	☐	☐	☐
Lower Lumbar Pain:	☐	☐	☐
Sacroiliac Pain:	☐	☐	☐
Muscle Spasm:	☐	☐	☐

No pain — Extreme pain
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐0-25% ☐26-50% ☐51-75% ☐76-100%

Hand: (Mark as many as apply)

	Right	Left	Both
Pain in Wrist:	☐	☐	☐
Pain in Hand:	☐	☐	☐
Pins and Needles (Hand):	☐	☐	☐
Numbness (Hand):	☐	☐	☐

No pain — Extreme pain
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐0-25% ☐26-50% ☐51-75% ☐76-100%

Hips and Legs: (Mark as many as apply)

	Right	Left	Both
Pain in Buttocks:	☐	☐	☐
Pain in Hip Joint:	☐	☐	☐
Pain Down Leg:	☐	☐	☐
Numbness Down Leg:	☐	☐	☐
Pins and Needles (Leg):	☐	☐	☐
Knee Pain:	☐	☐	☐
Leg Cramps:	☐	☐	☐

No pain — Extreme pain
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐0-25% ☐26-50% ☐51-75% ☐76-100%