Mountain View Chiropractic
Featuring Dr. Renee Haberl

5001 N Granite Reef Rd. Ste B
Scottsdale, AZ 85250
(480) 941 – 2454

Patient Name:	**Date:**
Phone Number:	**Address:**
Email Address:	**City, Zip:**

May we email you important information about office hours and seasonal specials? Yes No

Have you had any changes to your Insurance? Yes No

List ANY medical conditions that you are currently being treated for & who is treating you:

Recent Hospitalizations (Emergency Room and Admissions only – list most recent to oldest within the past 12 months)

Year	Reason	Hospital

Recent Slips, Falls, Accidents, Surgeries

When was your last physical? **When was your last adjustment?**

When did your symptoms start?

Describe your symptoms and how they began:

How often do you experience your symptoms? 25% of day - 50% of day - 75% of day - 100% of day

What is the nature of your pain? Please circle all that apply: Sharp - Shooting - Burning - Dull Ache - Numb - Tingling

Are your symptoms changing? Getting Better - Not Changing - Getting Worse

How bad are your symptoms at their:
Worst: 0 1 2 3 4 5 6 7 8 9 10
Best: 0 1 2 3 4 5 6 7 8 9 10

Please list the conditions you would like the doctor to address with you today. ***Conditions not indicated at time of scheduling may possibly need a separate appointment scheduled due to time constraints.***

1.

2.

3.

4.

What functions are you unable to perform, are difficult to perform or induce pain upon performance?
Please list in order of severity. (sitting, standing, turning, bending, walking, laying down?)

☐ Sitting	☐ Standing	☐ Turning
☐ Bending	☐ Laying Down	☐ Walking/Running
☐ Stretching	☐ Working	☐ Lifting
☐ Kneeling	☐ Pulling	☐ Reaching

Is there any additional information you feel the Doctor should know? Would you like additional information on any of our services?

Please indicate any areas of pain / stiffness that you are currently experiencing.