

1210 6th St. Ste. #103

Nevada, Iowa 50201

**ABOUT YOU**

**Name Beth Scott**

 **Today’s Date3/2/2024**

**Birthdate 4/1/1967 Age56 Address 104 N Boone St**

**City Slater State IA Zip 50244 Home Phone N/A**

**Cell Phone 515-509-9423 Work Phone N/A Gender F**

 **Signi**fi**cant Other’s Name Damon Jordan**

**Kid’s Names and Ages Dustin 34, Heather 31, Cody 27, Cassidy 23**

**Your Employer 3M Company Type of Work Manufacturing**

**E-Mail Address bethanne\_67@hotmail.com**

**Have you been to a chiropractor before? □ No X Yes**

**Emergency Contact Damon Jordan ph. # 515-509-5564**

**Name of Medical Doctor(s) Dr. Perry Rathe**

**I authorize the doctor or his staff to render care as deemed appropriate for me and / or my child. I authorize The Connect Chiropractic to release and / or request records to or from other providers as may be necessary. I understand I am responsible for all bills incurred in this of**fi**ce. I authorize assignment of my insurance bene**fi**ts (if applicable) directly to the provider.**

**Person responsible for this account if other than the patient? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that after any initial promotional services all care is rendered at usual and customary fees. For my balance my preferred payment method is:**

**Cash Check Credit Card Car/Work Ins.**

**Work insurance**

**Patient / Parent Signature (This represents a long-term authorization for all occasions of service)**

**REASON FOR SEEKING CARE.**

**PRESENT COMPLAINTS**

**1. Headaches How long has this been an issue? 1 year**

**Is it:** Dull Sharp Ache Numb / Tingle Stabbing Constant Occasional Staying the same Getting worse Mild Moderate Severe Worse in the morning Worse in evening Pain radiates to neck.

**2. Middle back pain How long has this been an issue? 1 year**

 **Is it:** Dull Sharp Ache Numb / Tingle Stabbing Constant Occasional Staying the same Getting worse Mild Moderate Severe Worse in the morning Worse in evening Pain radiates to shoulders.

**3. Lower back pain How long has this been an issue? 1 year**

 **Is it:** Dull Sharp Ache Numb / Tingle Stabbing Constant Occasional Staying the same Getting worse Mild Moderate Severe Worse in the morning Worse in evening Pain radiates to hips.

**4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How long has this been an issue? \_\_\_\_\_\_ Is it:** Dull Sharp Ache Numb / Tingle Stabbing Constant Occasional Staying the same Getting worse Mild Moderate Severe Worse in the morning Worse in evening Pain radiates to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Does your condition affect:** Sleep Work Daily Routine Sitting Driving

**6. What makes it better? Rest and pain reliever.**

**7. What makes it worse? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. What Doctor’s have you seen for this? Dr. Rathe for headaches.**

**9. Type of treatment: Wanted to prescribe muscle relaxers**

**10. Results: Sought out chiropractor instead.**

**NOTES: Chiropractic care helped these symptoms. I did not keep up on this care resulting in symptoms returning.**

**Are you pregnant?** Yes No

**Please mark all areas of concern.**

 