HARRISON COUNTY CHIROPRACTIC HCC
2086 Old Highway 135 NW Ste 1 - Corydon, IN 47112
(812) 734-1020
harrisoncountychiropractic.com

Corydon Pain Management Clinic
2086 Old Highway 135 NW Ste 1 - Corydon, IN 47112
(812) 734-0303
corydonpainmanagement.com

1. PATIENT INFORMATION

Full Name _____ Today's Date _____ S.S.#_____ Age_____

DOB _____ Address _____ City _____ State ____ Zip _____

Height _____ Weight _____ Race _____ Ethnicity: Hispanic or Latino / Not Hispanic or Latino / I decline to answer

Preferred Language _____ Occupation _____ Where Employed _____

Home Phone _____ Cell Phone _____ Email _____

Preferred Method of Contact: Email / Phone / Mail

Primary Care Provider _____ Primary Care Practice Location _____

☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed: Spouse's Name _____

Medical Insurance Carrier _____ Policy Number _____ Phone _____

2. HEALTH HISTORY

1. Skin, hair or nail problems ☐ Yes ☐ No
2. Mouth and/or throat problems ☐ Yes ☐ No
3. Nose and/or sinus problems ☐ Yes ☐ No
4. Ear problems ☐ Yes ☐ No
5. Eye problems ☐ Yes ☐ No
6. Breathing problems ☐ Yes ☐ No
7. Smoke tobacco ☐ Yes ☐ No
   Status: Every Day Smoker / Occasional Smoker
   Former Smoker / Never Smoked
   Start Date (Optional): _____
8. Heart/blood vessel problems ☐ Yes ☐ No
9. Blood/lymph node problems ☐ Yes ☐ No
10. Digestive problems ☐ Yes ☐ No
11. Genital problems (e.g. prostate, testicular, vaginal) ☐ Yes ☐ No
12. Urinary (including kidney or bladder) problems ☐ Yes ☐ No
13. Mental health problems ☐ Yes ☐ No
14. Gland and/or hormone problems ☐ Yes ☐ No
15. Allergy or immunity problems ☐ Yes ☐ No
16. Muscle, tendon or ligament problems ☐ Yes ☐ No
17. Bone or joint diseases ☐ Yes ☐ No

FEMALES ADDITIONAL HEALTH HISTORY

18. Menstrual problems ☐ Yes ☐ No
19. Taken birth control pills ☐ Yes ☐ No
20. Currently pregnant ☐ Yes ☐ No
21. Breast problems ☐ Yes ☐ No