



Livingston Chiropractic

Dr. Stuart Meyers, D.C.

5889 Whitmore Lake Rd, Suite 3 * Brighton, MI 48116 * 810-227-7799 * www.LivChiro.com

Name: _____

Knee Care Application

Date: _____

Nickname: _____ Date of Birth: _____ Age: _____ Sex: M F

Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone #: _____ Alternate Phone #: _____

Email Address: _____

Occupation (Current or Previous): _____ Retired: Yes No

Employer: _____

Current or Previous Work Type:

Clerical – Y / N Light Labor – Y / N Moderate Labor – Y / N Heavy Labor – Y / N

Spouse/Partner/Parent/Other Trusted Adult: _____

Marital Status: S M D W Number ^(Name) of Children: _____ ^(Phone)

In Case of Emergency: Contact Name: _____ Phone #: _____

How did you hear about our office? _____

What is your main health concern / condition today? _____

When did this begin? _____

What makes it worse? _____

What makes it better? _____

How would you describe your symptoms? *(Check all that apply)*

- Limping Stiff Swelling Stabbing Sharp Grinding
- Throbbing Ache Weakness Tiredness Electric Shocks Cold
- Burning Numbness Cramping Dead Feeling Stings Pins & Needles

Is this condition interfering with any of the following? *(Check all that apply)*

- Daily Activities Relationships Hobbies Exercise Standing Walking Lifting Sleep Work

Does your pain cause any other problems? _____

Frequency of your Pain:

- Constant (76–100%) Frequent (51–75%) Occasional (25–50%) Intermittent (24% or less)

On average what level would you rate your overall knee pain?

No Pain 1 2 3 4 5 6 7 8 9 10 Worst Pain Possible

On a scale of 0 – 10, How serious and committed are you about fixing your condition?

Not Serious 1 2 3 4 5 6 7 8 9 10 Totally Committed