

# **Kapeikis Chiropractic & Massage, P.S.**

*"Active Care for Active Lifestyles"*

630 N. Chelan Ave. Ste. B-2, Wenatchee, WA 98801, phone: 509-665-8363, fax: 509-662-7274

Thank you for choosing Kapeikis Chiropractic & Massage, P.S.

You have opened the intake packet indicating you are

## **A RETURNING PATIENT WITH A NEW COMPLAINT or INJURY**

If your symptoms are related to a  
CAR ACCIDENT, WORK INJURY, or THIRD PARTY LIABLE INJURY  
please go back and find the appropriate "intake packet".

Please print the following pages, fill out what is relevant to your current symptoms  
and bring the completed forms with you to your appointment.

Thank you for taking the time to help us  
provide appropriate and efficient care for you.

Sincerely,

Paul Kapeikis, D.C.

# Kapeikis Chiropractic & Massage, P.S.

"Active Care for Active Lifestyles"

630 N. Chelan Ave. Ste. B-2, Wenatchee, WA 98801, phone: 509-665-8363, fax: 509-662-7274

**We haven't seen you in a while and need to know if any of your information has changed.**

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Parent or Spouse: \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

## ACCOUNT INFORMATION

Have you changed your MEDICAL INSURANCE in any way. If so, please notify the receptionist and be prepared to PROVIDE CURRENT MEDICAL CARD and information.

## HEALTH STATUS

### SINCE YOUR LAST VISIT:

1. Physical injuries: severe sprains, strains, broken bones? \_\_\_\_\_  
\_\_\_\_\_
2. Surgical procedures: \_\_\_\_\_  
\_\_\_\_\_
3. Changes in medications: \_\_\_\_\_
4. Illnesses requiring hospitalization or extended medical care: \_\_\_\_\_  
\_\_\_\_\_
5. Have you recently experienced any of the following:  
Fever Nausea  
Fainting Dizziness  
Shortness of Breath Unexplained Extreme Fatigue  
Rapid or Skipping Heart Beat Severe Constipation Diarrhea  
Cloudy, Bloody, Sweet or Unusual Smelling Urine Unexplained Weight Loss or Gain.  
Bloody, Black or Consistently Narrowed Stool New Allergies

# Kapeikis Chiropractic & Massage, P.S.

"Active Care for Active Lifestyles"

630 N. Chelan Ave. Ste. B-2, Wenatchee, WA 98801, phone: 509-665-8363, fax: 509-662-7274

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## NEW COMPLAINT

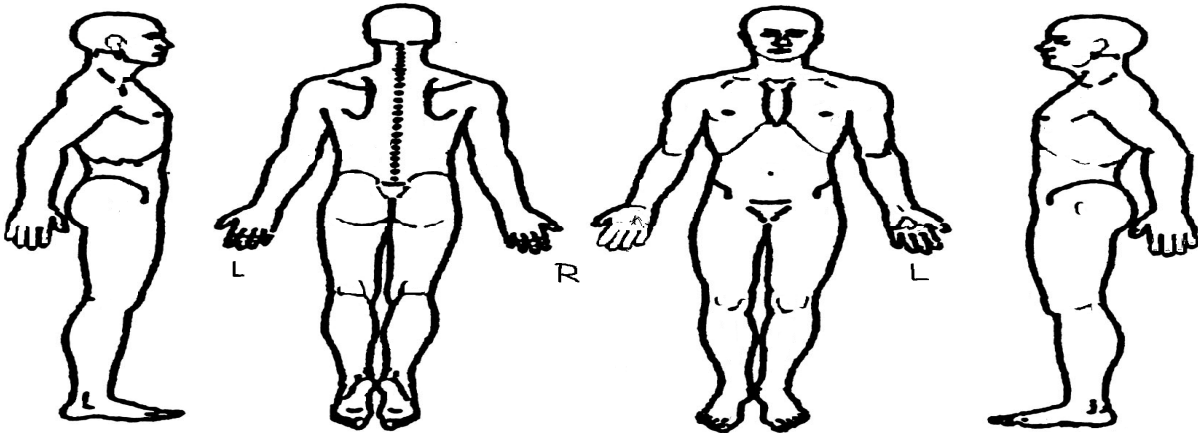
*Please fill out a SEPARATE FORM FOR EACH COMPLAINT*

1. **My Complaint is:** Headaches Jaw Neck Upper Back L Shoulder R L Elbow R L Wrist R L Hand R  
Mid Back Low Back L hip R L Knee R L Ankle R L Foot R Other: \_\_\_\_\_

2. **This problem first began/noticed on:** \_\_\_\_\_ *(Date Required for Insurance)*

3. **How did this problem start/mechanism of injury:** \_\_\_\_\_  
\_\_\_\_\_ *(Required for Insurance)*

4. **Please indicate on the drawings where you notice your symptoms. Please indicate the quality of these symptoms:** SS=sharp stabbing, DD= dull diffuse, A= aching, B=burning, St= stiffness, Nb= numbness, T= tingling, CR= cramping, El= electrical "zingers". **Please feel free to add your own description including radiation or referral of your symptoms.**



(0 is no pain/symptoms -10 is unbearable pain/symptoms)

5. **Please indicate the severity of symptoms right now:** 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

6. **How often do you experience these symptoms?**

Constant (76-100% of the time) Frequent (51-75% of the time) Occasional (26-50% of the time) Intermittent (1-25% of the time)

7. **What aggravates these symptoms?** \_\_\_\_\_

8. **What is the worst these symptoms have been?** 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

9. **What alleviates these symptoms?** \_\_\_\_\_

10. **What is the best these symptoms have been?** 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

11. **How are these symptoms interfering with your normal activities?** \_\_\_\_\_

12. **Have these symptoms changed with time?** Getting Worse Staying the Same Getting Better

13. **Has any other health care provider addressed this complaint?** No Yes: \_\_\_\_\_