

# Dr. Erich's Travel Card (sample - front)

Case No. \_\_\_\_\_

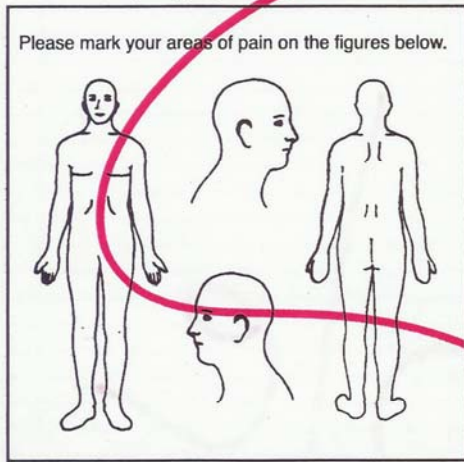
LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ SS# \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DL# \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ SPOUSE \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ SPOUSE'S OCCUPATION \_\_\_\_\_  
 # OF CHILDREN \_\_\_\_\_ PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_  
 Contact in case of emergency \_\_\_\_\_ REFERRED BY \_\_\_\_\_

What is your major complaint? \_\_\_\_\_

Other complaints? \_\_\_\_\_

How long have you had this condition? \_\_\_\_\_ Have you had this or a similar condition in the past? \_\_\_\_\_

Is this condition getting progressively worse? Yes  No  Constant  Comes and goes



- Neck Problems
- Shoulder Problems
- Arm Problems
- Numbness - Arms
- Pain Between Shoulders
- Low Back Problems
- Leg Problems
- Numbness - Legs
- Loss of Feeling
- Stiff Joints
- Painful Joints
- Restricts Daily Activities
- Restricts Regular Exercise
- Sore Muscles
- Walking Problems
- Broken Bones
- Muscle Cramps
- Weak Muscles
- Headaches
- Dizziness
- Fainting
- Forgetfulness
- Depression
- Vision Problems
- Ear Pain / Noises
- Ear Infections
- Hearing Loss
- Frequent Colds
- Allergies
- Hay Fever
- Asthma
- Exzema
- Shingles
- Nausea
- Poor Digestion
- Ulcers
- Diarrhea
- Constipation
- Kidney Infection
- Menstrual Cramps
- Diabetes
- Blood Pressure
- High / Low
- Tiredness / Fatigue

- This is a new / old illness. It was not / was treated before. If treated before, what was done? \_\_\_\_\_
- Name of Doctors: \_\_\_\_\_
- Have you ever had surgery or been hospitalized?  Yes  No  
List Surgeries: \_\_\_\_\_
- Have you ever had Chiropractic care before?  Yes  No  
Name of Doctor \_\_\_\_\_ Date \_\_\_\_\_
- Last time you had spinal X-rays or other X-rays: \_\_\_\_\_
- Medications you now take: \_\_\_\_\_

- Female: Are you pregnant at this time?  Yes  No Due Date \_\_\_\_\_
- From birth to present please list by date / describe
- 1) Car Accidents \_\_\_\_\_
- 2) Falls / Injuries (Including Sports) \_\_\_\_\_
- 3) Other \_\_\_\_\_

Sign & Date: \_\_\_\_\_

**(FOR DOCTORS USE ONLY)**

	Date	1	2	3	4		
CERVICAL	Norm						
	Flexion	50					
	Extension	60					
	Lat. R. Flex	45					
	Lat. L. Flex	45					
	Rotation Right	80					
Rotation Left	80						
LUMBAR	Norm						
	Flexion	60					
	Extension	25					
	Lat. R. Flex	25					
	Lat. L. Flex	25					
	Rotation Right	30					
	Rotation Left	30					
	Comments _____						

	Date	1	2	3	4
F. Compression					
Shoulder Depression					
Kemps					
SLR					
Soto Hall					
Ely's					
Toe Walk					
Heel Walk					
Derefield Test					
Weight Distribution					
Dec. Int. Hip Rot.					
Dynanometer					

P \_\_\_\_\_

BP \_\_\_\_\_

T \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

