FISSINGER
Dr. Edwin M. Fissinger
33 N. 1st Street
Suite 106
Bayfield, Wisconsin 54814
612•791•6741

Cash or Check • No Appointments, Just Walk In • Affordable
The Power That Made The Body Heals The Body

HEALTH RECORD

ABOUT THE PATIENT

Name		
Address		
City	State	
Zip	Home phone	
Birth date	Cell phone	
Age	Gender	Number of children
Employer		
Work address		
Work phone		
Type of work		
Marital Status		
Email address		
Payment method	☐Cash ☐Check ☐Credit card	

ABOUT THE PARTNER

Name
Employer
Work Phone
Type of work

REASON FOR THIS VISIT

Describe the purpose of this visit

Is the purpose of this appointment related to:

☐Job ☐Sports ☐Auto ☐Fall

☐Home Injury ☐Chronic Discomfort ☐Other

Please explain _____

If job related, have you made a report of your accident to your employer?

☐Yes ☐No

When did this condition begin?

Has this condition:

☐gotten worse ☐stayed constant ☐comes and goes

Does this condition interfere with:

☐Work ☐Sleep ☐Daily routine ☐Other activities

Please explain _____

Have you seen other doctors for this condition? ☐Yes ☐No

Doctor's Name(s) _____

Type of treatment

Results _____

HEALTH HABITS

	No	Yes
Do you smoke?	☐	☐
Do you drink alcohol?	☐	☐
Do you drink coffee, tea or soda?	☐	☐
Do you exercise regularly?	☐	☐

Do you wear ☐Heel lifts ☐Sole lifts ☐Inner soles

AWARENESS OF PRINCIPLES

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Were you aware that

The nervous system controls all bodily functions and systems? ☐yes ☐no

GOALS FOR MY CARE

People see care practitioners for a variety of reasons. Some go for relief of pain, some to correct the cause of pain and others for correction of whatever is malfunctioning in their bodies. Your Doctor will weigh your needs and desires when recommending your care program. Please check the type of care desired so that we may be guided by your wishes whenever possible.

- ☐ Relief care – Symptomatic relief of pain or discomfort
- ☐ Corrective care – Correcting and relieving the cause of the problem as well as the symptom.
- ☐ Comprehensive care – Bring whatever is malfunctioning in the body to the highest state of health possible with Chiropractic care.
- ☐ I want the Doctor to select the type of care appropriate for my condition.

MEDICATIONS I NOW TAKE...

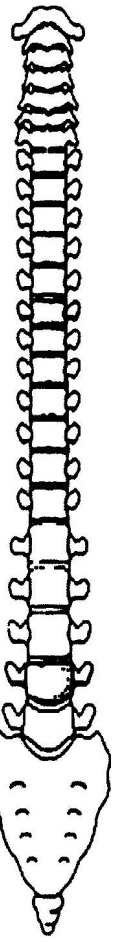
- ☐ Cholesterol medication
- ☐ Stimulants
- ☐ Tranquilizers
- ☐ Muscle relaxers
- ☐ Insulin
- ☐ Blood pressure medicine
- ☐ Blood thinners
- ☐ Pain killers (including aspirin)
- ☐ _____

Vitamins & Supplements I now take:

_____

_____

Please **circle** the health concern or concerns you may be experiencing now or have experienced in the past. Each area of concern relates to an area of the spine and nerve function.



C1 C2 C3 C4
Headaches
Migraines - Dizziness
Sinus Problems - Allergies
Fatigue - Vision Problems
Difficulty Concentrating
Hearing Problems

C5 C6 C7 T1
Sore Throat - Stiff Neck
Radiating Arm Pain
Hand/Finger Numbness
Asthma - Allergies
High Blood Pressure
Heart Conditions

T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12
Middle Back Pain
Congestion
Difficulty Breathing
Bronchitis - Pneumonia
Gallbladder Conditions
Stomach Problems
Ulcers
Kidney Problems

L1 L2 L3 L4 L5 S A C R A L
Constipation - Colitis
Diarrhea - Gas Pain
Irritable Bowel
Bladder Problems
Menstrual Problems
Low Back Pain
Pain/Numbness in Legs
Reproductive Problems

Other: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____

HEALTH CONDITIONS

- ☐ Severe or frequent headaches
- ☐ Sinus problems
- ☐ Dizziness
- ☐ Loss of sleep
- ☐ Pain between shoulders
- ☐ High/low blood pressure
- ☐ Frequent neck pain
- ☐ Numbness in arms/legs/hands
- ☐ Asthma
- ☐ Lower back problems
- ☐ Digestive problems
- ☐ Heart surgery/pacemaker
- ☐ Heart attack/stroke
- ☐ Heart murmer
- ☐ Congenital heart defect
- ☐ Chemotherapy
- ☐ Difficulty breathing
- ☐ Surgeries
- ☐ Alcohol/drug abuse
- ☐ Rheumatic fever
- ☐ HIV/AIDS
- ☐ Ulcers/Colitis
- ☐ Arthritis
- ☐ Shingles
- ☐ Kidney problems
- ☐ Diabetes
- ☐ Thyroid problems
- ☐ Hepatitis
- ☐ Tuberculosis
- ☐
- ☐
- ☐
- ☐ _____

For women:

Are you pregnant? ☐Yes ☐No
Are you nursing? ☐Yes ☐No
Are you taking birth control? ☐Yes ☐No
Do you experience painful periods? ☐Yes ☐No
Do you have irregular cycles? ☐Yes ☐No
Do you have breast implants? ☐Yes ☐No