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Patient Information:

First Name _____ MI ____ Last Name _____
 Street Address _____
 City _____ State _____ Zip _____ Nickname _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Would you like text reminders? If so, who is your cell phone provider? _____
 E-mail _____
 SS# _____ Gender: M F
 Birth date _____ Age _____
 Marital Status: Single Married Widowed Divorced Legally Separated Partnered
 Race/Ethnicity: African American Asian Caucasian Hispanic/Latino Native American
 Native Hawaiian/Pacific Islander Other
 Emergency Contact _____ Relationship _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Patient Employer/School _____ Occupation _____
 Address _____ City _____ State _____ Zip _____
 Spouse's Name _____ Birth date _____ SS# _____
 Spouse's Employer _____
 Referred By _____

Patient Condition:

Reason for visit _____
 What was the cause? _____
 When did your symptoms first appear? _____
 Did it begin: suddenly gradually worsened over time
 Have you had this problem before? YES NO
 Describe the pain: achy burning dull sharp stiff throbbing other _____
 Describe the frequency: constant frequent intermittent occasional
 When does the pain feel worse? morning as day progresses afternoon evening sleep
 no change/hurts constantly
 What makes the pain worse? resting sleeping walking bending working
 movement in general sitting
 When does the pain improve? morning as day progresses afternoon evening sleep
 Describe any location of numbness _____
 Describe any location of spasm _____
 Describe any location of weakness _____
 Do you notice any swelling? YES NO If yes, where? _____
 Do you suffer from headaches? YES NO
 If so where are they typically located? Forehead side back below skull bone
 What part of the day are the headaches at the worst? Morning as day progresses afternoon evening
 sleep constant
 How frequent are the headaches? _____ times per week month year

Activities of Daily Living:

Does your pain keep you from dressing without assistance? YES NO
 Does your pain keep you from grooming without assistance? YES NO