

**DR. JASON A. MALUCCI**  
PRACTICE OF CHIROPRACTIC  
330 MALLORY STATION RD., SUITE 24  
FRANKLIN, TN 37067

New Patient Application

File # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Town, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Referred by \_\_\_\_\_

Occupation \_\_\_\_\_

Have you been to a Chiropractor before? YES NO

If so, who, and when? \_\_\_\_\_

Please check off any that you currently are experiencing or have experienced.

C1

- Headache or Migraine
- Nervousness
- Insomnia
- other sleep problems
- Head Colds
- High Blood pressure
- Anxiety attacks
- Nervous breakdowns
- Amnesia
- Chronic tiredness/fatigue
- Dizziness
- Loss of mental acuity
- Depression

C2

- Sinus trouble
- Allergies
- Pain around eyes
- Ear Ache
- Fainting spells
- Blurred Vision or other visual disturbance
- Ringing in ears

C3

- Neuralgia
- Neuritis
- Acne
- Eczema
- Difficulty swallowing

C4

- Hay fever
- Runny nose
- Hearing problem/loss
- Adenoids

C5

- Laryngitis
- Hoarseness of voice
- Sore throat

C6

- Neck pain/numbness/tingling/burning/stiffness
- Upper arm pain/numbness/tingling/burning /stiffness
- Tonsillitis
- Chronic cough
- Croup
- Shoulder pain
- Carpal Tunnel
- Thoracic outlet syndrome

C7

- Bursitis
- Colds
- Thyroid conditions

T1

- Asthma
- Difficulty breathing
- Shortness of breath
- Lower arm and hands pain/numbness/tingling/burning /stiffness

T2

- Chest condition
- Heart Trouble

T3

- Bronchitis
- Pleurisy
- Pneumonia
- Congestion
- Influenza

T4

- Gallbladder conditions
- Jaundice
- Singles
- Pain between shoulders

#### T5

- Liver conditions
- Fever
- Blood pressure problem
- Poor circulation
- Arthritis
- Middle back pain/numbness/tingling/burning/stiffness

#### T6

- Stomach problems
- indigestion
- heartburn
- dyspepsia

#### T7

- Ulcers
- Gastritis

#### T8

- Lowered resistance

#### T9

- Hives

#### T10

- Kidney trouble
- Hardening of arteries
- Chronic tiredness
- Nephritis
- Pyelitis

#### T11

- Skin condition

#### T12

- Rheumatism
- Gas pains/cramps
- Infertility/sterility

#### L1

- Constipation
- Diarrhea
- Colitis
- Dysentery
- Hernia

#### L2

- Cramps
- Difficult breathing
- Varicose veins

#### L3

- Bladder problems
- menstrual pain/problems
- Irregular periods
- Miscarriages
- Bed-wetting
- Impotency
- Knee pain

#### L4

- Sciatica
- Lower back pain/numbness/tingling/burning/stiffness
- Leg pain/numbness/tingling/burning/stiffness
- Disc buldge/ herniation
- painful/difficult/frequent urination

#### L5

- Poor Circulation in legs
- Swollen ankles
- Weak ankles/arches
- Cold feet
- Weakness in legs
- Leg cramps
- Ankle/foot pain
- Hip pain

#### Sacrum

- Tailbone pain/numbness/tingling/burning/stiffness
- Sacroiliac conditions

#### Coccyx

- Hemorrhoids
- Itching
- Pain at end of spine on sitting

Current Health Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Injuries/Accidents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Illness/ History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you rate your (circle):

Diet	Poor	Good	Excellent
Rest	Poor	Good	Excellent
Exercise	Poor	Good	Excellent
Stress	Little	Average	Extreme
Attitude	Positive	Negative	
Today I feel	Horrible	Ok	Terrific

Rate your current pain (1 is none, 10 is extreme) Please Circle

1    2    3    4    5    6    7    8    9    10