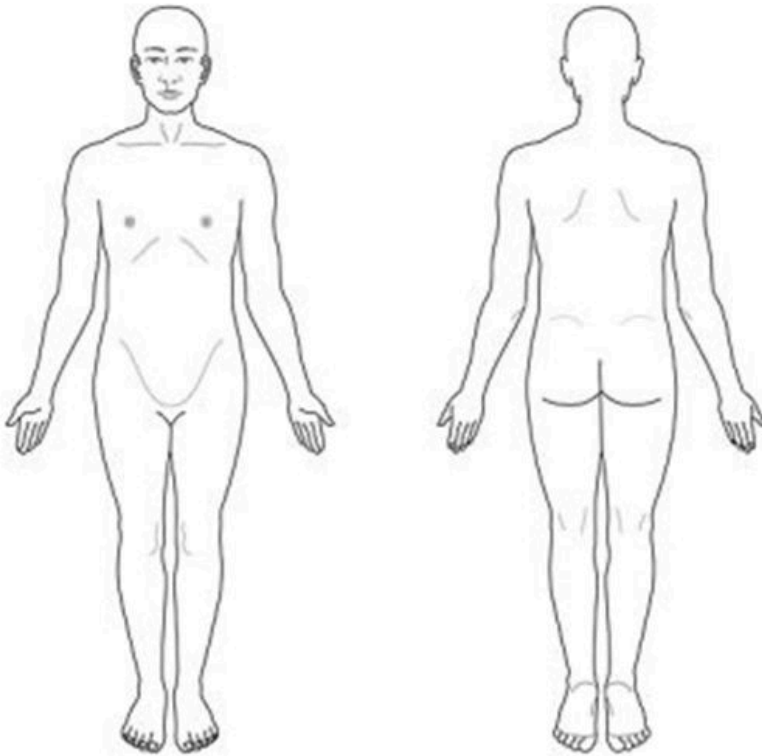


ESTABLISHED PATIENT UPDATE



Babcock Chiropractic Clinic
 Dr. Kyle Babcock
 4900 Richmond Sq., Ste 108
 OKC, OK 73118
 405-525-7549

Chief Complaint: Please mark areas of pain or injury.



Headache Y N
 Dizziness Y N
 Fatigue Y N
 Fever Y N

Numbness Y N
 Stiffness Y N
 Neck Pain Y N
 Back Pain Y N
 Arm Pain Y N
 Leg Pain Y N

Other _____

Dizzy Spells Y N
 Tremors Y N
 Numbness/Tingling Y N

Recent History:

Any Falls: _____

Surgeries: _____

Accidents: _____

Current Address

Phone Number

When did the pain start? Date ____/____/____

How did it happen? _____

Describe pain/discomfort: _____

Level of Pain

1 2 3 4 5 6 7 8 9 10

Health Insurance? _____

Printed Name: _____

Patient's Signature: _____

Date: ____/____/____