GLOEKLER CHIROPRACTIC ~ 4239 Lake Ave. Ashtabula, OH 44004-6844
P: (440) 992-3112 F: (440) 992-1139

## EHR RECORDS

**PATIENT NAME:** ________________________________ **DOB:** _____/_____/_____ **DATE:** _________________

**PACEMAKER? Y / N HIP OR KNEE REPLACEMENT? Y / N. If yes, When?**__________

**MEDICATIONS / DOSES:**

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**SURGERIES / OPERATIONS AND DATE: Y / N**

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_______________________________________________________________________________

**SERIOUS ILLNESS AND DATE: Y / N**

_______________________________________________________________________________

_______________________________________________________________________________

**INFECTIOUS DISEASE AND DATE: Y / N**

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**Have you had an X-ray/ CT scan/ MRI of your spine within the past 28 days? Y / N If Yes:**

**Body Part** _____________________________**Type of Imaging/Facility**___________________________________

**Body Part** _____________________________ **Type of Imaging/Facility**___________________________________

**Body Part** _____________________________ **Type of Imaging/Facility**___________________________________

**PATIENT SIGNATURE:** _______________________________________ **DATE:** _________________________

**FUTURE VISIT UPDATES:**

☐ **CHANGES NOTED** ☐ **NO CHANGES.**

**PATIENT SIGNATURE:** _________________________________________ **DATE:** _________________________