



# King Chiropractic, P.C.

SPORTS, SPINAL AND ORTHOPAEDIC DISORDERS

Dr. L. Neil King  
FOUNDER — 1984

Dr. Kelly C. Groves  
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Linda Reed  
OFFICE MANAGER  
CERTIFIED CHIROPRACTIC ASSISTANT

Lisa Crawford  
PATIENT ADVOCATE  
CERTIFIED CHIROPRACTIC ASSISTANT

Name: \_\_\_\_\_  F  M Age: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you currently seeing a chiropractor? \_\_\_\_\_

**Check off any of the following symptoms you have experienced in the past 6 months:**

- Low Back Pain
- Neck Pain
- Pain Between Shoulder Blades
- Difficulty sleeping
- Tension/ Migraine headaches
- Tired, Fatigue
- Tension across top of shoulders
- Numbing/Tingling in arms or hands
- Numbing/Tingling in Legs or Feet
- Digestive Problems
- Ringing in Ears
- Nervousness
- Allergies
- Dizziness
- Weight Gain

**Which of the above is the worst?**  
\_\_\_\_\_

**How long have you had it?**  
\_\_\_\_\_

**When it is at its worst, how does it feel?**  
\_\_\_\_\_  
\_\_\_\_\_

**Does this cause you to:**

- Be Moody or Irritable
- Loose Sleep
- Limit your Daily Activities

**Does this affect your work as in:**

- Decision Making
- Poor Attitude
- Decreased Productivity
- Exhausted at end of day
- Unable to work long hours

**Does this affect your home life as in:**

- Loose patience with spouse or children
- Restricted household duties
- Hinders ability to exercise or participate in hobbies or other desired activities

**Have you seen a doctor for this in the past?**

- Yes  No

**Would you like to get rid of this problem?**

- Yes  No

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