Nall & Dice Health
3620 Shannon Rd, Suite 102
Durham, North Carolina, 27707
Phone: 919-381-6960, Fax: 919-381-6962
Email: jamesnalldc@gmail.com

Intake Form 2025

Patient Profile

First Name | Last Name | Gender

Email Address

Cell Phone

Address | City | Province | Postal Code

Source of Referral | Date of Birth / / | Occupation

Emergency Contact

Emergency Contact Name | Emergency Contact Phone | Relationship

What are you here for?

Current Health History

What is your current complaint?

What's your level of discomfort of the complaint above?

0 1 2 3 4 5 6 7 8 9 10

0 = No Discomfort 10 = Severe Discomfort

When did this begin?

- [ ] 0-3 days ago
- [ ] 1-3 weeks ago
- [ ] 1-3 months ago
- [ ] 4-6 months ago
- [ ] 6-12 months ago
- [ ] 1-2 years ago
- [ ] Over 2 years ago

What caused this?

- [ ] Working out/exercising
- [ ] Poor posture
- [ ] Sleep position
- [ ] Other injury
- [ ] Diet
- [ ] Stress
- [ ] None of these

What is your secondary complaint?

What's your level of discomfort of the complaint above?

0 1 2 3 4 5 6 7 8 9 10

0 = No Discomfort 10 = Severe Discomfort

When did this begin?

- [ ] 0-3 days ago
- [ ] 1-3 weeks ago
- [ ] 1-3 months ago
- [ ] 4-6 months ago
- [ ] 6-12 months ago
- [ ] 1-2 years ago
- [ ] Over 2 years ago

What caused this?

- [ ] Working out/exercising
- [ ] Poor posture
- [ ] Sleep position
- [ ] Other injury
- [ ] Diet
- [ ] Stress
- [ ] None of these

Have you had any other treatment for this issue before?

- [ ] Yes
- [ ] No

What other treatments have you tried for this?

What is your weight?

What is your height?

Females Only, if you are pregnant, how many weeks are you pregnant?

Health & Wellness

How would you rate your physical state (pain, tightness, discomfort, posture, weight, immune system, energy levels) with 1 = worst possible, 2 = bad, 3 = room for improvement, 4 = good, 5 = great

1 2 3 4 5

1 = Worst 5 = Best

How would you rate your mental/emotional state (anxiety, sleep, mood) with 1 = worst possible, 2 = bad, 3 = room for improvement, 4 = good, 5 = great

1 2 3 4 5

1 = Worst 5 = Best

How would you rate your stress (relationships, work, finances) with 1 = worst possible, 2 = bad, 3 = room for improvement, 4 = good, 5 = great

1 2 3 4 5

1 = Worst 5 = Best

How would you rate your life enjoyment (happiness, confidence, peace of mind, relaxation) with 1 = worst possible, 2 = bad, 3 = room for improvement, 4 = good, 5 = great

1 2 3 4 5

1 = Worst 5 = Best

How would you rate your overall quality of life with 1 = worst possible, 2 = bad, 3 = room for improvement, 4 = good, 5 = great

1 2 3 4 5

1 = Worst 5 = Best

Medications

Injuries

Surgeries

Systems History

Musculoskeletal

Please list any musculoskeletal issues have currently or have had in the past.

Endocrine

Please list any endocrine issues have currently or have had in the past.

Cardiovascular

Please list any cardiovascular issues have currently or have had in the past.

Respiratory

Please list any respiratory issues have currently or have had in the past.

Digestive

Please list any digestive issues have currently or have had in the past.

Reproductive

Please list any reproductive issues have currently or have had in the past.

Neurological

Please list any neurological issues have currently or have had in the past.