

WELCOME

ABOUT YOU

Today's Date: _____

Name: _____

What you prefer to be called: _____ Male Female

Birthdate: _____ Age _____ SS#: _____

Home Address: _____

CITY STATE ZIP

Home Phone: _____

Cell Phone: _____

Referred by: _____

Employer: _____ How Long? _____

Employer's Address: _____

CITY STATE ZIP

Occupation: _____

Marital Status: Single Married Divorced Separated Widowed

Spouse's Name: _____

IN EVENT OF EMERGENCY

Who should we contact? _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

REASON FOR VISIT

Have you ever been treated by a chiropractor before? YES NO

The reason for this visit is a result of (please circle): work sports trauma chronic

(Explain what happened): _____

Please describe the pain and its location: _____

When did condition begin? ____/____/____

Is this condition getting worse? YES NO CONSTANT COMES AND GOES

Is this condition interfering with your (please circle): work sleep daily routine

If so, please explain: _____

Have you had this or similar conditions in the past? YES NO

If so, please explain: _____

Have you been treated by a medical physician for this condition? YES NO

If so, where? _____