

ABOUT THE PATIENT

Name _____
Address _____
City _____ State ____ Zip _____
Home Phone _____ Cell _____
Email Address _____
Birthdate _____ Age _____
Gender M F Number of Children _____
Employer _____
Work Address _____
City _____ State ____ Zip _____
Work Phone _____
Type of Work _____
Marital Status Married Single Divorced
 Separated Widowed
Social Security # _____
Driver's License # _____
Payment Method Cash Check Credit Card
Crdt Cd. # _____ Exp. Date _____

ABOUT THE SPOUSE OR PARENT

Name _____
Employer _____
Work Phone _____
Type of Work _____

REASON FOR THIS VISIT

Describe the purpose of this visit _____

Is the purpose of this appointment related to

- Job Sports Auto Fall
 Chronic Discomfort Home injury Other

Please explain _____

If job related, have you made a report of your accident to your employer? Yes No

When did this condition begin? _____

Has this condition gotten worse stayed constant
 comes and goes

Does this condition interfere with

- Work Sleep Daily Routine Other activities

Explain _____

Has this condition occurred before? Yes No

Explain _____

Have you seen other doctors for this condition?

- Yes No

Dr.'s Name (s) _____

Type of Treatment _____

Results _____

EXPERIENCE WITH CHIROPRACTIC

Who referred you to this office? _____

Have you been adjusted by a Chiropractor before? Yes No

Reason for those visits? _____

Doctor's Name _____

Approximate Date of Last Visit _____

Has any *adult* in your family seen a Chiropractor? Yes No

Has any *child* in your family seen a Chiropractor? Yes No

AWARENESS OF CHIROPRACTIC PRINCIPLES

Were you aware that

- ...Doctors of Chiropractic work with the nervous system? Yes No
- ...the nervous system controls all bodily functions and systems? Yes No
- ...Chiropractic is the largest natural healing profession in the world? Yes No
- ...if Chiropractic care starts at birth, you can achieve a higher level of health throughout life? Yes No