

*Welcome to our office! Please thoroughly complete all questions.*

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  Female  Male  
 Single  Married  Widowed  Other  
 Email: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Whom may we thank for referring you to our office?  
 \_\_\_\_\_

**Phone Numbers**

Home: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Best time to reach you: \_\_\_\_\_  
 Best method to reach you:  
 Phone  Text  Email

**In case of emergency, please contact:**  
 Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home: \_\_\_\_\_  
 Cell: \_\_\_\_\_

**Today's Visit Information**

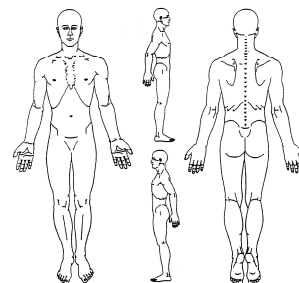
Describe the Health Reasons for Consulting our Office Today: \_\_\_\_\_ How Did it Begin: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

Are you currently under medical care for any of the health reasons you listed above?  Yes  No  
 If yes, please describe the treatment given: \_\_\_\_\_ Please Indicate Areas of Concern: \_\_\_\_\_

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

Have you had the same/similar problems before?  Yes  No  
 When? \_\_\_\_\_  
 Explain: \_\_\_\_\_  
 Immediate family with the same/similar problems?  
 \_\_\_\_\_

Notes (if any):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Is there any chance you are pregnant?  Yes  No  
 Have you ever been diagnosed with Cancer? Type: \_\_\_\_\_  
 Have you ever experienced one of the following:  
 Heart Attack  Stroke  
 Have you ever had any surgery?  Yes  No  
 Type(s): \_\_\_\_\_

Please indicate your use of the following medical implants or devices:  
 Pacemaker  Spinal Stimulator  
 Diabetes Pump  Prosthetic Limb/Joint  
 Other: \_\_\_\_\_

Medications:	Allergies:	Vitamins/Herbs
Prescription/OTC	Food/Environ	

What have you heard about Chiropractic Care?  
 \_\_\_\_\_  
 Do you know what a Subluxation is?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 What daily rituals for Spinal Health do you practice?  
 \_\_\_\_\_

The above information is true and accurate to the best of my knowledge. My reason for consultation with the doctor is for evaluation of my physical health and the potential for improvement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_