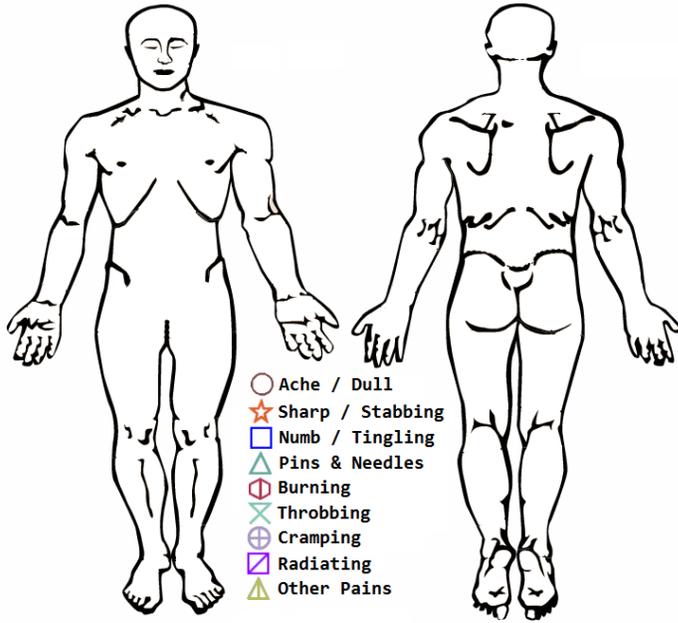


Patient Information:

Date	SSN	Birthday
First Name	Middle Name	Last Name
Sex Male Female	Height	Weight
Married/Civil Union:	Spouse Name	# of Children
Home #	Cell #	Work #
Address		
City	State	Zip
Emergency Contact	Emergency Relation	Emergency Phone
Email		

Patient Symptoms:



Patient Social

Alcohol:	Daily	Weekly	Occasionally	Never	Caffeine:	Daily	Weekly	Occasionally	Never
Diet Food Products:	Daily	Weekly	Occasionally	Never	Drugs:	Daily	Weekly	Occasionally	Never
OTC Stimulants:	Daily	Weekly	Occasionally	Never	Exercise:	Daily	Weekly	Occasionally	Never
Homemade Food:	Daily	Weekly	Occasionally	Never	Processed:	Daily	Weekly	Occasionally	Never
Soft Drinks:	Daily	Weekly	Occasionally	Never	Tobacco:	Daily	Weekly	Occasionally	Never
Water:	Daily	Weekly	Occasionally	Never					

Chiropractic Experience:

Who referred you to our office:

Where did you hear about us? Newspaper Sign Yellow Pages Mailing Community Event Other

Have you been adjusted by a chiropractor before? Yes No If yes, Why?

Doctor's Name:

Approximate Date of Visit

Employer Information:

Employed: Employer Name

Employer Address:

Employer City: Employer State: Employer Zip:

Occupation: Work Supervisor: Supervisor #:

Work Duties:

Complaint Information:

Injury Occurred: Work Automobile Third-Party Other Injury Date:

Injury Origin:

Desc Discomfort:

Interfere w/ Activities: Yes No Affected Sleep: Yes No Frequency:

Missed Work: Yes No Unable to Work from: Unable to Work Until:

Affected Appetite: Yes No Explain:

Reduced Work: Yes No Explain:

Does it Worsen: Yes No Explain:

Weather Affects it: Yes No Explain:

Aggravates Condition:

Improves Condition:

Received Treatment: Yes No Explain:

X-rays Taken: Yes No Explain:

Pain level Rating - Scale 1 to 10: At its best: At its Worst: Current Level:

Same Condition Before: Yes No Date: Practitioner:

Goals for Your Care

People see a chiropractor for a variety of reasons. Some go for relief of pain, some to correct the cause of pain and others for correction of whatever is malfunctioning in their body. Your doctor will weigh your needs and desires when recommending your care program. Please check the type of care desired so that we may be guided by your wishes whenever possible.

I want the Doctor to select the type of care appropriate for my condition

Relief care: Symptomatic relief of pain or discomfort.

Corrective care: Correcting and relieving the cause of the problem as well as the symptom

Comprehensive care: Bring whatever is malfunctioning in the body to the highest state of health possible with Chiropractic Care

Personal Health History

Last Physical Exam:	Primary Phys:	Phys Phone #:
Phys City:	Phys State:	Phys Zip:
Health Conditions:		
Previous Chiro Care:	Yes No	Date: Condition(s) treated:
Chance Pregnant:	Yes No	Planning: Yes No
Medications:		
Supplements:		

Were you aware that...

Chiropractic is the largest natural healing profession in the world?	Yes	No	Doctor's of Chiropractic work with the nervous system?	Yes	No
The nervous system controls all bodily functions and systems?	Yes	No			

Health Checklist:

Allergies	Alcoholism	Anemia
Arteriosclerosis	Arthritis	Asthma
Back Pain	Breast Lump	Bronchitis
Bruise Easily	Cancer	Chest Pain
Cold Extremities	Constipation	Cramps
Depression	Diabetes	Digestion Problems
Dizziness	Excessive Menstruation	Eye Pain or Difficulties
Fatigue	Frequent Urination	Headache
Hemorrhoids	Venereal Disease	Hot Flashes
Irregular Heart Beat	Irregular Menstrual	Kidney Infection
Kidney Stones	Loss of Memory	Loss of Balance
Loss of Smell	Loss of Taste	Nosebleeds
Pacemaker	Polio	Poor Posture
Prostate Trouble	Sciatica	Shortness of Breath
High Blood Pressure	Sinus Infection	Insomnia
Spinal Curvatures	Stroke	Swelling of Ankles
Swollen Joints	Thyroid Condition	Tuberculosis
Ulcers	Varicose Veins	

Signature

Date: