

Welcome

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions we'll be glad to help you. We look forward to working with you in maintaining your health.

Patient Information

Name _____ Soc. Sec.# _____
Last Name First Name Initial
Address _____
City _____ State _____ Zip _____ Home Phone _____
Cell Phone _____ Email _____
Sex M F Age _____ Birth Date _____ Single Married Widowed Separated Divorced
Patient employed by _____ Occupation _____
Business Address _____
Business Phone _____ Business Email _____
Notify in case of emergency _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Whom may we thank for referring you? _____

Primary Insurance

Person Responsible for Account _____
Last Name First Name Initial
Relation to Patient _____ Birth Date _____ Soc. Sec.# _____
Address (if different from patient) _____ Home Phone _____
City _____ State _____ Zip _____
Cell Phone _____ Email _____
Person responsible employed by _____ Occupation _____
Business Address _____
Business Phone _____ Business Email _____
Insurance Company _____
Phone _____ Email _____
Contract # _____ Group # _____ Subscriber # _____
Name of other dependents under this plan _____

Reason for Visit

Have you ever seen a chiropractor? Yes No If yes, when and why? _____
Your reason for *this* visit: _____
Please describe your current pain and its location: _____
When did symptoms begin (date)? _____ Have you had similar conditions in the past? _____
Is pain getting: Worse Better Same Comes and goes How often do you have this pain? _____
Have you been treated by a medical physician for this condition? _____
If so, when and where? _____
Activities or movements that are difficult/painful to perform: Sitting Walking Bending Lying down Lifting
Type of pain: Sharp Dull Throbbing Aching Burning Tingling Numbness Cramping
 Stiffness Swelling Other _____
Is pain interfering with: Work Sleep Daily Routine Recreation

Please complete both sides.