



NEW PATIENT INTAKE FORM

Welcome to our Practice! Please thoroughly complete all questions. Thank you.

Personal Information

Name: Today's Date:

Address:

City/State/Zip:

E-Mail:

Phone:

Birth Date:

Age:

Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Single

Emergency Contact

Emergency Contact Name:

Relationship:

Phone:

Referral & Medical History

Who may we thank for referring you?

Your prior doctor of chiropractic:

Chiropractic techniques you've had success with:

Last time you went to previous doctor of chiropractic:



Employment & Family Information

Occupation:

Spouse's name:

Spouse's Occupation:

Children's names & ages:

Favorite hobbies or interests:

Health History

Health reasons for consulting our office:

1.

2.

3.

4.

Pregnancy Due Date (If Applicable):

OBGYN:

Have you had the same or similar problem(s) before? ☐ Yes ☐ No

How long?

Please explain:

Father/Mother/Brother/Sister/Children with similar problems?

Other doctors who have treated this problem:

Surgery you have had:

Medication(s) you currently take:

Have you ever been diagnosed with cancer? ☐ Yes ☐ No If so, what type?



Lifestyle & Physical History

Impacts as little as 5mph cause scar tissue to form in your spine

When was your most recent car accident? When was the last accident prior to this one?

Your body remembers each and every impact through fibrosis or scar tissue.

As a child were you athletic? Did you play any sports? What are some sports or activities you are currently involved in?

Any major slips, trips, or falls resulting in sprains, strains, or broken bones? Have you ever fallen down the steps? Falls on ice, trampolines etc.

Pregnancy Complications/Experience/Delivery/Breastfeeding/Difficulty getting pregnant?

Momiversary Date (Birthday Month of 1st child):

Have you ever had headaches or back pain which caused you to miss work?

Sitting for long periods causes weaknesses in the spine Describe typical positions and activities you regularly do at work.

Follow-up Questions:

Do you have Headaches? If so, how frequent and where in the head?

How is your Digestion?

Menstrual Cycle Issues?

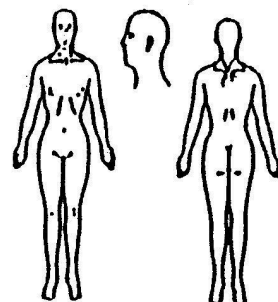
Do you experience Anxiety/Stress or Depression?

How is your Sleep?

Other Diagnoses or Surgeries:

Chief Complaints

You feel a range of effects depending upon which nerves are compromised by subluxations. When subluxations are present, they commonly create pain in the same area over and over again. **Circle and describe the site where you most commonly experience pain or discomfort.**



When did this **pain** start? Was there a Specific injury recent or in the past?

Certain activities can change the way a subluxation feels. What makes it better/worse?

Better: _____

Worse: _____

If subluxations are present and the nerves are pinched the fibers in the nerves can cause many different sensations.

What type of pain is it? Achy sharp dull sore pressure pinch Throbbing

If subluxations are present and the nerves are pinched the pain can be local or distant in more severe cases.

Does it travel? Yes/No Yes/Where? _____

Any numbness/tingling (in hands or feet)? _____

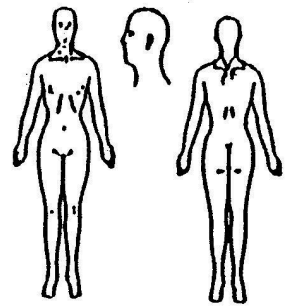
How bad is the pain Out of 10 _____/10

Nerve pressure and resulting pain can occur suddenly or gradually with subluxations pain can be aggravated over time or improve with motion

How frequent does it occur? Daily/Constant/Intermittent AM/PM Better/Worse



#2 You feel a range of effects depending upon which nerves are compromised by subluxations. When subluxations are present, they commonly create pain in the same area over and over again. **Circle and describe the site where you most commonly experience pain or discomfort.**



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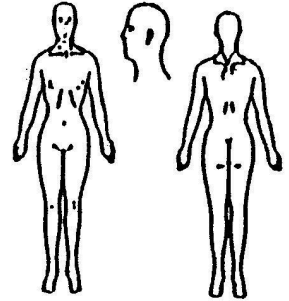
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*IF you have any other complaints to discuss please list them here:



Goals & Expectations

If we are able to help you and if it ends up being that your problem is due to subluxations, what do you hope to gain from your care?

What is something you have not been able to do which you would like to resume or start doing as a result of your care here?

What have you heard about chiropractic care?

What daily rituals for spinal health do you presently practice?

Payment Information

Method of payment for first visit: Cash Check MAC Credit Card

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.

Patient or Guardian Signature:

Date: