

OFFICE USE ONLY:			
REF:	NPE:	CERx:	LBx:
PT ID:	MDCR:	IN:	SP:
Name: SSN#:	□ Male	□ Female Age: Email:	Date of Birth:/
Home Phone:	Cell Phone:	Work P	hone:
Address:			
City:		State: Zip Coo	de:
Occupation:		Employer:	
☐ Married (Spouse's Name:	·)	☐ Divorced ☐ Widowed
Children's Names / Ages:			
Emergency Contact Person:		Phone I	Number:
Whom may we thank for referring you?			
Have you had Chiropractic ca	are before? ☐ YES ☐ NO	When / Where?	
If you are leaving the area for	extended periods of time, when a	are you leaving:	Returning:
HOW CAN WE SERVE YOU? Subluxations (spinal misalignments) cause most of the unwanted health conditions people suffer from everyday. Subluxations affect your nervous system, which affects your health. I have no complaints. I am here for a wellness check up.			
1. What is your first health concern? First occurrence date: Subluxations irritate nerve fibers causing various sensations. Which describes yours? Sharp Dull Throbbing Burning Aching Stabbing Numbness Depending on the type and degree of a subluxation, nerve pressure can be constant or occasional. How often is your concern? Constant Occasional			
2. What is your second health concern? \Box NONE First occurrence date:			
Subluxations irritate nerve fibers causing various sensations. Which describes yours?			
□ Sharp □ Dull □ Throbbing □ Burning □ Aching □ Stabbing □ Numbness			
Depending on the type and degree of a subluxation, nerve pressure can be constant or occasional.			
How often is your concern? Constant Occasional			
Please list any medications you are currently taking (prescriptions <u>AND</u> over-the-counter)			
			4
1 Please list all surgeries:	2		·
Please check all that apply.			
Neurological	Cardio-Vascular	Gastro Intestinal	Respiratory
	☐ high blood pressure	☐ diarrhea	□ asthma
☐ depression	☐ low blood pressure	□ constipation	☐ chronic cough
□ dizziness	☐ rapid heartbeat	☐ colon trouble	☐ sleep apnea
☐ fatigue	☐ slow heartbeat	☐ loss of bowel control	r
□ headaches	☐ swelling of the ankles	☐ difficult digestion	For Women Only
☐ irritable	☐ chest pain	□ acid reflux	□ menstruation
□ loss of balance	1	☐ nausea / vomiting	☐ infertility
□ nervousness	Eyes, Ears, Nose & Throat		□ pregnant
numbness where?		Genito-Urinary	due date:
□ seizures	☐ hearing loss	□ bed-wetting	
sleeping problems	□ ear aches	☐ frequent urination	Do You Have
□ tremors	☐ ringing in the ears	□ loss of urine control	
unexplained weight loss	☐ sinus infections	☐ kidney infection	☐ heart disease
1	☐ thyroid trouble	prostate trouble	☐ diabetes
	☐ failing vision		

PATIENTS WHO DO NOT CONTACT THE OFFICE TO CANCEL OR RESCHEDULE THEIR NEW PATIENT APPOINTMENT (NEW PATIENT EXAM OR REPORT OF FINDINGS) 24 HOURS PRIOR TO THEIR APPOINTMENT TIME WILL BE CHARGED A \$25.00 FEE. _____ PATIENT INITIAL