



RITCHIE CHIROPRACTIC
& INTEGRATIVE MEDICINE

Patient Information

Full Name: _____ Date: _____
First MI Last

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Birth Date: _____ Female: _____ Male: _____

Email Address: _____ Would you like to receive our newsletter? Y / N

Home Phone: _____ Cell Phone: _____ Cell Phone Carrier: _____

I prefer to receive calls at (circle) Home / Work / Cell. I am (circle): Under Age 18 / Single / Married / Divorced

Employer: _____ Occupation: _____

Spouse's Name: _____ Spouse's Date of Birth: _____

Names and Ages of Children: _____

Emergency Contact: _____ Emergency Contact Phone Number: _____

Referred By: _____ Receive text / email appointment reminders? Y / N

Insurance Information

Insured's Full Name: _____ Insured's Date of Birth: _____

Insurance Provider: _____

Policy Number: _____ Group Number: _____

Effective Date: _____

Signed _____ Date: _____

PATIENT HISTORY

Overall Health (circle one): Excellent / Good / Fair / Poor / Other _____

Chief complaint (reason you are here): _____

Previous treatments for this complaint _____

Other complaints or problems _____

Are you currently under the care of a physician or other health care professional? (name and date of last visit): _____

Current medications / drugs being taken: (use separate sheet if needed) _____

Nutritional supplements you are taking: _____

Do you smoke, drink coffee or alcohol? (if yes indicate how much) :

Cigarettes _____ Coffee _____ Alcohol _____

List any major illnesses (with approx. dates): _____

List any major surgery or operations with approx. date: _____

Past accidents or injuries: _____

Any family history of serious illnesses (circle those which apply): Cancer / Diabetes / Heart / Other _____

Any household pets or other animals you or family members are in close contact with: _____

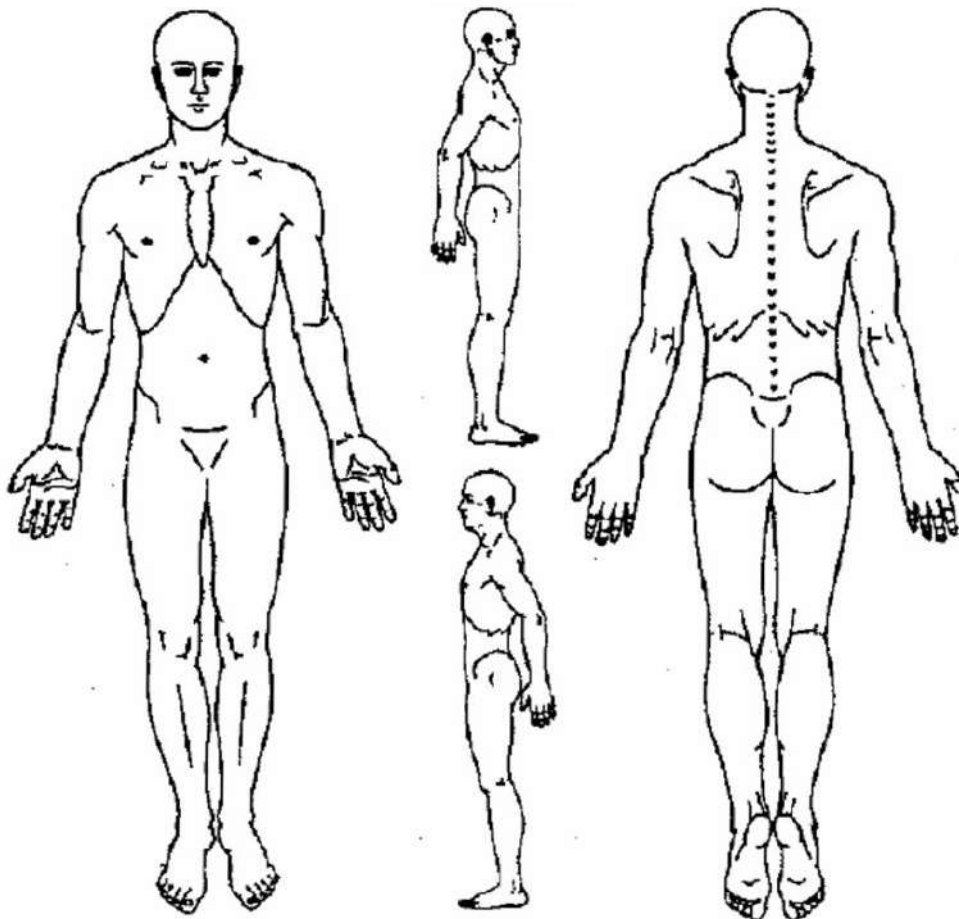
Are you pregnant? Y / N

Signed _____ Date: _____

Patient Symptoms

PATIENT NAME: _____ DATE: _____

Please place an X on the diagram below where your problems are.



Why Chiropractic? People go to chiropractors for a variety of reasons. Some go for symptomatic relief of pain or discomfort (Relief Care). Others are interested in having the cause of the problem as well as the symptoms corrected and relieved (Corrective Care). Your doctor will weigh your needs and desires when recommending your treatment program. **Please circle the type of care that best meets your needs.**

RELIEF CARE
Relief Care is that care necessary to get rid of your symptoms or pain but may not correct the underlying cause of your problems.

CORRECTIVE CARE
Corrective care differs from relief care in that its goal is to get rid of the symptoms or pain while correcting the cause of the problem. Corrective care varies in length of time, but is more lasting.