GOSS CHIROPRACTIC CLINICS

In _____

Out _____

Goss Chiropractic Mission Statement:

To improve the health potential of the people around us by providing excellent quality service and care utilizing education, love & chiropractic.

Date_____

Name_____ Married_____ Single_____
(last) (first) (middle)

Address_____ City_____ State_____ Zip_____

Email_____ Home Phone_____ Cell Phone_____ & Carrier _____

Would you like EMAIL or TEXT (circle) notification of your appointments? YES or NO (circle) *Need carrier for text*

Date of Birth_____ Age_____ Number of Children_____
(month) (day) (year)

Name of Spouse_____ Health_____

Name of Children_____ Health_____

Occupation_____ Employed By_____ Business Phone_____

Primary Care Physician (PCP)_____ Phone #_____

Briefly Describe Complaint_____

Past Surgeries _____

Referred by_____/_____

Have you had chiropractic before?_____ Where?_____

What health insurance company do you have?_____ Do you have an HSA, HRÅ or FSA? If yes, please circle.

DO YOU HAVE ANY DIFFICULTY WITH THE FOLLOWING? IF YES, MARK "X")

( ) Allergies*
( ) Asthma
( ) Arthritis
( ) Depression
( ) Sinus Trouble
( ) Trouble Sleeping
( ) Breast Implants
( ) Fatigue
( ) Thyroid Trouble
( ) Snoring
( ) Cancer
( ) Post-Menopausal
( ) Irritability
( ) Bypass Surgery
( ) Vascular Disease
( ) Painful Joints
( ) Swollen Joints
( ) Kidney Trouble
( ) Strokes

( ) Headaches*
( ) Migraines
( ) Cluster Headaches
( ) Shooting Head Pain
( ) Throbbing Head Pain
( ) Light Bothers Eyes
( ) Neck Pain*
( ) Base of Neck Pain
( ) Jaw Pain
( ) Head Feels Heavy
( ) Clicking or Grinding in Neck
( ) Muscle Spasms in Neck
( ) Stiff Neck
( ) Shoulder Tightness
( ) Tingling in Fingers
( ) Numbness of Arm or Hand
( ) Pins and Needles in Arms or Back
( ) Cool Hands
( ) Ear Infections

( ) Ringing in Ears
( ) Loss of Balance
( ) Mid Back Pain*
( ) Upper Back Pain
( ) Pain in Shoulder Blades
( ) Knots in the Back Muscle
( ) Stiff Mid Back
( ) Chest Pain
( ) Heart Trouble
( ) Gall Bladder Trouble
( ) Heart Attack
( ) Lower Mid Back Pain
( ) Heart Problems
( ) Stomach Disorder
( ) Indigestion
( ) Ulcer
( ) Low Back Pain*

( ) Menstrual Cramps and Pain
( ) Menstrual irregularity
( ) Herniated Disc
( ) Bulging Disc
( ) Pinched Nerve
( ) Pain into Legs
( ) Cold Feet
( ) Pain into feet
( ) Hip Pain
( ) Sciatic Pain
( ) Constipation
( ) Trouble Bending
( ) Intestinal Gas
( ) Pain into Buttock
( ) Wrist Pain*
( ) Elbow Pain
( ) Shoulder Pain
( ) Knee Pain
( ) Ankle Pain