Patient Information:

Today's Date _____

Name: _____ S/S# _____
First Middle Last

Address: _____
Street City State Zip Code

Sex: Male ____ Female____ Birth Date _____/_____/_____ Age: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____ Receive billing statements via e-mail? Yes____ No___

Are you: Single _____ Married _____ Divorced _____ Widowed _____ Separated _____ Minor _____
(If minor, Parent's name and number _____)

Your Employer _____ Occupation: _____

How did you hear about us: Phone Book _____ Internet yellow pages ____ Advertising sign____ Our Website_____
LBN _____ Phone Book_____ Insurance Company____ UAW Luncheon _____ Chamber of Commerce _____
Brochure_____ Newspaper Ad_____ Other_____ Friend/Family____ If so, who _____

Why did you choose our office? _____

Who should we contact in case of an emergency? _____

Relationship to you? _____ Phone: _____

Symptoms

Reason for visit _____When did you first notice the symptoms? _____

Where specifically is the problem(s) located? _____

Which types of activities are difficult to perform? Sitting____ Standing ____Walking ____Bending ____Lying down _____

What type of pain are you having? Sharp ____ Dull ____ Throbbing _____ Numbness _____ Aching _____ Shooting _____
Burning _____ Tingling _____ Cramps _____ Stiffness _____ Swelling _____ Other _____

Rate the severity of your pain (1, mild pain or discomfort, to 10, severe pain or discomfort) 1 2 3 4 5 6 7 8 9 10

Is the pain constant or does it come and go? _____ is this condition getting progressively worse _____

Have you received any treatment for this condition? Medication ____ Surgery ____ Physical Therapy ____ Other _____

Name and number(s) of other doctor(s) who have treated you for your condition _____

Please list any accidents and/or injuries you may have had and year of occurrence

_____ _____
_____ _____
_____ _____

Please list any surgeries you may have had (with dates)

_____ _____
_____ _____
_____ _____

Have you had previous chiropractic care? Yes ____ No ____ If yes, who and when

_____ _____
_____ _____