

Name _____ Male Female Age _____ Date of Birth _____
Home Phone _____ Cell Phone _____ Work Phone _____
Address _____ E-mail _____
Driver's License # _____ Social Security Number _____
Occupation _____ Employer _____
 Married (Spouse's Name _____) Single Divorced Widowed
Children's Names/ Ages _____
Whom may we thank for referring you? _____
Emergency Contact Person _____ Phone Number _____
Have you had Chiropractic care before? No Yes- When/Where? _____

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.

Have you had an auto accident on the job injury. Was the injury reported? yes no

I have no complaints. I am here for a wellness check up.

1. What is your *first* health concern? _____

Subluxations can put pressure on nerves for a long period of time.

When did you *first* notice this health concern? _____

Subluxations irritate nerve fibers causing various sensations. Which describes yours?

Sharp Dull Throbbing Burning Aching Stabbing Numbness

Depending on the type and degree of subluxation, nerve pressure can be constant or occasional.

How often is yours? Constant Occasional

Subluxations can cause weakening to the entire spine. Is your condition worse:

In the morning In the evening With activity Without Activity All the time

2. What is your *second* health concern? _____

Subluxations can put pressure on nerves for a long period of time.

When did you *first* notice this health concern? _____

Subluxations irritate nerve fibers causing various sensations. Which describes yours?

Sharp Dull Throbbing Burning Aching Stabbing Numbness

Depending on the type and degree of subluxation nerve pressure can be constant or occasional.

How often is yours? Constant Occasional

Subluxations can cause weakening to the entire spine. Is your condition worse:

In the morning In the evening With activity Without Activity All the time

3. What is your *third* health concern? _____

Subluxations can put pressure on nerves for a long period of time.

When did you *first* notice this health concern? _____

Subluxations irritate nerve fibers causing various sensations. Which describes yours?

- Sharp Dull Throbbing Burning Aching Stabbing Numbness

Depending on the type and degree of subluxation nerve pressure can be constant or occasional.

How often is yours? Constant Occasional

Subluxations can cause weakening to the entire spine. Is your condition worse:

- In the morning In the evening With activity Without Activity All the time

We care about the health of your family. What health concerns do you have about your:

Spouse _____ Mother/Father _____

Children _____ Siblings _____

Please list medications you are currently taking (prescriptions AND over the counter).

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

Please list all surgeries _____

Please check all that apply.

Neurological

- headaches
- numbness Where? _____
- Irritable
- nervousness
- tremors
- allergies
- seizures
- depression
- fatigue
- sleeping problems
- unexplained weight loss
- loss of balance
- dizziness

Eyes, Ears, Nose & Throat

- frequent colds
- hearing loss
- asthma
- ear aches
- ringing in the ears
- sinus infections
- thyroid trouble
- failing vision

Cardio-Vascular

- high blood pressure
- low blood pressure
- rapid heart beat
- slow heart beat
- swelling of the ankles
- chest pain

Respiratory

- asthma
- chronic cough
- sleep apnea

Gastro Intestinal

- diarrhea
- constipation
- colon trouble
- loss of bowel control
- difficult digestion
- stomach trouble
- nausea/vomiting

Skin

- rash
- lesions
- itching

Genito-Urinary

- bed wetting
- frequent urination
- loss of urine control
- kidney infection
- prostate trouble

For Women Only

- menstrual problems
- infertility
- Pregnant, Due date? _____

Do You Have

- cancer
- heart disease
- diabetes

Insurance Company _____	
Policy # _____	Group # _____
Insured's Name _____	Insured's Soc. Sec. # _____
Medicare <input type="checkbox"/> Yes <input type="checkbox"/> No Medicare # _____	