Health History Information:

Welcome!

Name_____ **Date of Birth**_____
Address_____City/State_____Zip_____
Mailing Address_____City/State_____Zip_____
E-mail Address_____ Age_____ Sex_____ S.S.# (for Ins.)_____
Employer_____Occupation_____
Marital Status_____ Spouse's Name_____ # of children_____
Home Ph._____ WorkPh._____ Cell Ph._____

Have you been under Chiropractic Care before? Yes or No Date of last visit:_____
Whom can be thanked for referring you? _____

Reason for seeking chiropractic care:_____
When did it first start?_____ What do you think caused it?_____
On a scale of 1 to 10, RATE your PAIN? (1 being the least, 10 the worst) - 1 2 3 4 5 6 7 8 9 10 -
Is it affecting your daily living? Yes or No How? _____
Have you consulted any other healthcare providers about this? Yes or No
Whom:_____When:_____Result_____
Is this related to a work or auto accident? Yes or No

List medications or drugs being taken:_____
List with dates the following….
Surgeries undergone:_____
Hospitalizations :_____
Bone fractures:_____
Vehicle accidents:_____
Serious falls:_____

Date of last medical examination:_____ Dr.'s Name:_____
Result of your last medical exam:_____

List any hobbies:_____
Do you exercise? Yes or No (type)_____

Please add any additional information that you feel the Doctor should know about.

_____
_____
_____

Over…….

☑Check any of the following conditions that apply to you:

☐Anemia	☐Asthma	☐Arm/shoulder problems
☐Allergies	☐Arthritis	☐Backaches
☐Bladder/Bowel problems	☐Cancer	☐Diabetes
☐Dizziness	☐Digestive disorders	☐Eye/Ear problems
☐Hepatitis B or C	☐Headaches	☐High blood pressure
☐Kidney Disorders	☐Night sweats	☐Numbness
☐Neuritis	☐Nervousness	☐Psycological/emotional disorders
☐Prostate problems	☐Tinitus	☐Sinus trouble
☐Stroke/heart disease	☐Tuberculosis	☐NONE
☐Weightgain/lossproblems	☐Thyroid condition	☐Other:_____

Emergency contact person: _____Ph.:_____

Terms of Acceptance: The goal of chiropractic care in this office is to locate, analyze and correct vertebral subluxation. Pain or symptoms are NOT the reasons for chiropractic adjustments. As a doctor of chiropractic, I cannot promise to cure any ailments or conditions you may have. Alignments of the spine are made to allow your unique body to heal itself. Your body strives to maintain health, if unable to do so, it is suffering from interference. When two vertebra become misaligned, it puts pressure on the nerves within the spine. Thus the removal of vertebral subluxation restores proper nerve function between the brain, nerves and body. You are encouraged to seek other health care providers for health concerns outside the scope of spinal care provided in this office. Chiropractic care is complimentary to other procedures you may need.

I have reviewed and certify that all the information I've provided is true to the best of my knowledge.
I have read the above, understand it fully, and undertake chiropractic care on this basis.

Patient Signature_____ **Date**_____

Doctor's notes: