



**CONFIDENTIAL PATIENT INFORMATION**  
**Personal Information**

<b>Full name:</b>		<b>Date:</b>	
<b>Address:</b>			
Street	City	State	Zip
<b>Home phone:</b>		<b>Work phone:</b>	
<b>Cell phone:</b>		<b>Email address:</b>	
<b>Best time/place to contact you:</b>			
<b>Date of birth:</b>		<b>Age:</b>	
<b>No. of children:</b>		<b>Pregnant?    Yes <input type="checkbox"/>    No <input type="checkbox"/></b>	
<b>Height:</b>		<b>Weight:</b>	
<b>Driver's license number:</b>			
<b>Marital status:    M    S    W    D</b>		<b>Spouse/guardian name:</b>	
<b>Occupation:</b>			
<b>Employer's name &amp; address:</b>			
<b>Spouse's Occupation/Employer:</b>			
<b>Name of person responsible for account:</b>			
<b>Do you have insurance that covers Chiropractic care?</b>		<b>Do you have Medicare coverage?</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Name of Insurance Company:</b>			
<b>Insurance Policy number:</b>		<b>Insurance Company phone number:</b>	
<b>Insurance Company address:</b>			

**Who may we thank for referring you?** \_\_\_\_\_

**Addressing What Brought You Into This Office:**

*If you have no symptoms or complaints and are here for Chiropractic Wellness Services, please skip to the "General Health History".*

**Health Concerns**

Please list your health concerns according to their severity	Rate of severity 1 = mild 10 = worst imaginable	When did this episode start?	If you had this condition before, when?	Did the problem begin with an injury?	% of the time pain is present
1.					
2.					
3.					
4.					

Is your pain dull? Or is your pain sharp? Does it radiate anywhere? If so, where?

\_\_\_\_\_

Since the problem started is it:    About the same?                   Getting better?                   Getting worse?

What have you done for this condition? Was it of benefit?

\_\_\_\_\_

## Current Medicines and Supplements

Please list any medications/drugs you have taken in the past 6 months and why: (prescription and non-prescription)

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Please list all nutritional supplements, vitamins, homeopathic remedies you presently take and why:

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## Stressors

Because accumulation of stress affects our health and ability to heal please list your top three stresses (you have ever had) in each category:

1. Physical stress (falls, accidents, work postures, etc.)

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

2. Bio-chemical stress (smoke, unhealthy foods, missed meals, don't drink enough water, drugs/alcohol, etc.)

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

3. Psychological or mental/emotional stress (work, relationships, finances, self-esteem, etc.)

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

On a scale of 1-10 please grade your present levels of stress (including physical, bio-chemical and psychological or mental/emotional):

At work:	At home:	At play:
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On a scale of 1-10, (1 being very poor and 10 being excellent) please describe your:

Eating habits:	Exercise habits:	Sleep:	General health:	Mind set:
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How do you grade your physical health?

Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	Getting better <input type="checkbox"/>	Getting worse <input type="checkbox"/>
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How do you grade your emotional/mental health?

Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	Getting better <input type="checkbox"/>	Getting worse <input type="checkbox"/>
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Is there anything else which may help to better understand you which has not been discussed?

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Why are you here at this point in time?

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I consent to a professional and complete chiropractic examination and to any radiographic examination that the doctor deems necessary.

- I understand that any fee for service rendered is due at the time of service and cannot be deferred to a later date.
- If my account is not paid within 90 days of the date of service and no financial arrangements have been made, you will be responsible for any expenses incurred in collecting your account.
- We invite you to discuss with us any questions regarding our service. The best health services are based on a friendly, mutual understanding between provider and patient.

Signature \_\_\_\_\_ Date \_\_\_\_\_