

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ DOB: _____ Age: _____

Pregnant: Yes No Height: _____ Weight: _____ Gender Pronoun: _____

Occupation: _____ Employer's Name: _____

Active Military/Veteran: No Yes Which branch/years: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Who may we thank for referring you? _____

Health Concerns

Health Concerns: List Main Concern First	Rate Severity 1= Mild 10= Unbearable	When did this episode start?	Did you have this condition before? When?	Did the problem begin with an injury?	Constant? Intermittent?

Since these complaints/concerns started, are they: About the Same Getting Better Getting Worse

What makes it worse? _____

What makes it better? _____

What are these concerns keeping you from doing? _____

Have you seen other doctors/ health providers for this condition? Chiropractor Medical Doctor Other

If so, who and when? _____

List of Surgeries (if any) / Dates:

List All Medications Currently Taking: _____

When was your last auto accident? _____

Have you ever been knocked unconscious? Yes No Fractured any bones? Yes No

If YES, please describe: _____

Any other bodily trauma: _____

Check All That Apply

- | | | | |
|-------------------|---------------------|-------------------|-----------------|
| Dizziness | Asthma | Kidney Problems | Chronic Fatigue |
| Headaches | Ulcers | Bladder Problems | Fibromyalgia |
| Vertigo | Chest Pains | Irritable Bladder | ADD/ADHD |
| Ear Infections | Arm Numbness | Sciatica | GERD |
| Allergies | Arm Pain | Leg Numbness | Anxiety |
| TMJ | Hand Numbness | Leg Pain | Nervousness |
| Neck Pain | Shoulder Pain | Feet Numbness | Epilepsy |
| Migraines | Heart Disorder | Hip Pain | Disc Problems |
| Stiffness in Neck | Mid Back Pain | Knee Pain | Infertility |
| Chronic Sinus | Stomach Pain | Liver Disease | Other: _____ |
| Throat Issues | Nausea/Reflux | Menstral Issues | _____ |
| Thyroid Issues | High Blood Pressure | Lupus | _____ |

Check All That Apply (current or in the past)

STROKE CANCER HEART DISEASE SPINAL SURGERY SEIZURES SPINAL FRACTURE SCOLIOSIS DIABETES

Additional Information:

Name

Date

Printed Name