

Adjust Back to Health Chiropractic

Welcome to the wonderful world of Chiropractic. Whether this is your first experience with chiropractic or you've been cared for with chiropractic since birth, we want to welcome you to our office. Please fill out the following as complete as possible.

Name _____ Sex M F Age _____ Birth Date _____ Today's Date _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Occupation _____ Employer _____
Work Phone _____ Social Security # _____ - _____ - _____ Spouse's Name _____
Mobile Phone _____ E-mail address _____
Emergency Contact Name _____ Emergency Contact # _____
Who were you referred by, so that we may thank them? _____

What is the reason for today's appointment?

Do you have any condition other than that which you are now consulting us for?

Have you seen another healthcare practitioner for this condition? What were your results?

Have you previously been to a chiropractor? When was your last adjustment? What were your results?

Please list all major *and* minor surgeries (with dates, if possible):

Please list all medications (including over the counter) you are currently taking:

Please list all supplements (vitamins, herbs, homeopathy, etc.) you are currently taking:

Current 5 healthiest habits you choose:

1. _____
2. _____
3. _____
4. _____
5. _____

Current 5 *least* healthy habits you choose:

1. _____
2. _____
3. _____
4. _____
5. _____

