



## Welcome to our office!

*It is our pleasure to serve you today. Please answer the following questions:*

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Marital Status: M W Sep. D Sin. Spouse Name \_\_\_\_\_ No. of Children \_\_\_\_\_

### **MY PURPOSE FOR TODAY'S APPOINTMENT IS:**

*(Please check all that apply to you)*

- I'm here for an evaluation. I'm a healthy person and I'm interested in maximizing my health and preventing future problems.
- I'm here for an evaluation because I'm having health challenges and am looking for a natural health solution.
- I'm here for an evaluation. I am curious to know if my spine is healthy and to see if I have any problems that I don't know about.
- I am here for an evaluation because I'm curious to learn more about Chiropractic Care.
- I am here for an evaluation only.
- Other \_\_\_\_\_

### **IF THE DOCTOR(S) FEEL THAT THEY CAN HELP YOU:**

*(Please check the one that best applies to you)*

- I am willing to follow the doctor's recommendations because I strongly value my health.
- I am willing to receive care if payment plans are available.
- I am willing to receive care but only if my insurance pays for all of it.
- I am not interested in receiving any care.

**Welcome to our office!**  
It is well known that families who maintain strong healthy, well-aligned spines have much improved health. People whose spines are not kept in proper alignment are much more likely to develop significant health disorders later in life.



1. Many patients are referred to our office by a caring family member or friend. What made you decide to visit our office? Family Member or Friend's Name \_\_\_\_\_  
 Telephone Call    Yellow Pages    Sign    Website    Presentation    E-mail
2. Research shows that your spine should be checked regularly. How many times have you visited a chiropractor in your lifetime? \_\_\_\_\_  NEVER
3. When was your last complete spinal examination including x-rays? \_\_\_\_\_  NEVER
4. Have you ever been told that you have a spinal curvature, spinal arthritis, or inherited spinal problem?  
 YES    NO \_\_\_\_\_
5. Spinal misalignments cause decay and degeneration which may result in grinding or cracking noises. Do you ever hear noises or feel grinding when you move your head or neck?    YES    NO
6. Spinal misalignments can make you feel like you need to twist, stretch or crack your neck or back. Do you ever feel the need to crack or pop your neck or lower spine?    YES    NO
7. Poor posture leads to poor health and often indicates a spinal problem. How would you rate your posture?  
Poor - 1 2 3 4 5 6 7 8 9 10 - Excellent
8. Stress can cause or accelerate spinal damage. Rate your stress level over the last 90 days.  
Low - 1 2 3 4 5 6 7 8 9 10 - High
9. Please list any health symptoms or health complaints you are experiencing.  
a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_
10. Prescription medications may cause various side effects, hide the severity of health problems and hinder the body's ability to heal. Please list the medications are you currently taking and why you are taking them. (Ex. Vicodin for Back Pain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Auto and work-related injuries can cause serious spinal problems. Is this visit related to an accident or injury?  
 YES    NO   Date of Incident \_\_\_\_\_
12. Spinal health is especially important during pregnancy. Is there any chance that you are pregnant?  
 YES    NO \_\_\_\_\_
13. Have you ever been diagnosed with cancer?    YES    NO  
Type \_\_\_\_\_ Year Diagnosed \_\_\_\_\_

The above information is true and accurate to the best of my knowledge.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_