

PATIENT INTRODUCTION

Please answer the following questions completely.

Name _____ SS# _____

Address _____ Apt # _____ City _____ State ____ Zip _____

Home Phone () _____ Work Phone () _____

Best Place to Reach You: Home Work Cell Phone () _____

E-mail Address: _____

Employer: _____ Occupation _____

Sex: M F Marital Status: S M D W Age: _____ Date of Birth ____/____/____

How did you hear about our clinic? _____

Describe Chief Complaint: _____

Have you had
Chiropractic Care before? _____ Yes _____ No
Is it possible you are
Pregnant? _____ Yes _____ No

Do you have health insurance? _____ Yes _____ No
Are you on Medicare? _____ Yes _____ No

Are you here because of: _____ An auto accident?
 _____ An on the job injury?

Date Injured: _____
Do you have an attorney? _____ Yes _____ No

Date of last physical exam: _____ Reason: _____