

*Welcome to our office! Please answer the following questions:*

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Marital Status: M W Sep. D Sin. Spouse Name \_\_\_\_\_ No. of Children \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

1. Spinal problems can cause a variety of health problems. Please check the health complaint(s) you are currently experiencing or experience on a periodic basis:
 

<input type="radio"/> Low Back Pain	<input type="radio"/> Arm or Hand Pain	<input type="radio"/> Carpal Tunnel Syndrome	<input type="radio"/> Indigestion
<input type="radio"/> Upper/Mid back Pain	<input type="radio"/> Leg or Foot Pain	<input type="radio"/> Ear Infections	<input type="radio"/> Chronic Fatigue
<input type="radio"/> Neck Pain	<input type="radio"/> Asthma	<input type="radio"/> Frequent Colds	<input type="radio"/> Arthritis
<input type="radio"/> Shoulder Pain	<input type="radio"/> Allergies/Sinus	<input type="radio"/> Spinal Curvature	<input type="radio"/> Fibromyalgia
<input type="radio"/> Others _____			
2. What is your primary health complaint? \_\_\_\_\_
3. Auto and work injuries can cause serious spinal problems. Is this visit related to an auto or work injury?  YES  NO
4. Have you had previous chiropractic care?  YES  NO  
 Chiropractor's name/ Location \_\_\_\_\_ Date of last adjustment \_\_\_\_\_
5. Have you ever been told that you have a spinal curvature, spinal arthritis, or inherited spinal problem?  
 YES  NO If yes, please circle which one
6. Long term spinal misalignments can cause decay and arthritis in the spine which may result in grinding or popping noises. Do you ever hear grinding or popping noises when you move your head or neck?  YES  NO
7. 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 twist, stretch, or crack your neck, mid, or lower spine?  YES  NO
8. Poor posture can lead to poor health and usually indicates a spinal problem. How would you rate your posture?  
 Poor – 1 2 3 4 5 6 7 8 9 10 – Excellent
9. Stress can cause or aggravate spinal problems. Rate your stress level over the last 90 days.  
 Low – 1 2 3 4 5 6 7 8 9 10 – High
10. Are you currently taking prescription medication?  YES  NO Please list \_\_\_\_\_
11. Spinal health is especially important during pregnancy. If female, is there any chance that you are pregnant?  
 YES  NO  MAYBE Date of last cycle \_\_\_\_\_ If yes, when is your due date? \_\_\_\_\_
12. Have you ever been diagnosed with cancer?  YES  NO If yes, what kind? \_\_\_\_\_ Year diagnosed \_\_\_\_\_
13. Have you ever had spinal surgery?  YES  NO If yes, on what area of your spine? \_\_\_\_\_
14. How did you hear about us?  PATIENT \_\_\_\_\_  WEBSITE  OTHER \_\_\_\_\_

The above information is true and accurate to the best of my knowledge. Copies of any x-rays and reports will be released upon written request, however original x-rays remain the property of the clinic.

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