



NEW PATIENT APPLICATION

Name: _____ **Today's Date:** _____

Address: _____

City _____ **State:** _____ **Zip:** _____

Birth Date: / / **Age:** _____

E-mail: _____

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

How would you prefer we contact you? () Text () Call () Email

Emergency Contact Information

Name: _____ **Relationship:** _____

Cell Phone: _____ **Work Phone:** _____

Who can we THANK for Referring you?

Have you been to a Chiropractor Before? Yes No

Last time you were seen by a Chiropractor: _____

Name of prior Chiropractor: _____

Chiropractic techniques you've had success with: _____

General Practitioner: _____

Marital Status: Single Married Widowed Divorced

Spouse's Name: _____

Children Names & Ages: _____

Employer: _____ **Occupation:** _____

Employer's Address: _____

Health Reason for Consult Today: Back Pain Neck Pain Hip Pain Leg Pain

Description: 1 _____

2 _____

3 _____

4 _____

Other: _____

Have you had same or similar Problems before: YES / NO How Long? _____

Explain: _____

Father/Mother/Brother/Sister/Children/Spouse with similar problems? _____

Cause of your injury: Automobile Work Personal Other

Medications you are taking: _____

Have you ever been diagnosed with cancer? What type? _____

Surgery you have had: _____

Is there a chance you are pregnant? YES NO

Please mark ALL areas of concern:

A = Ache

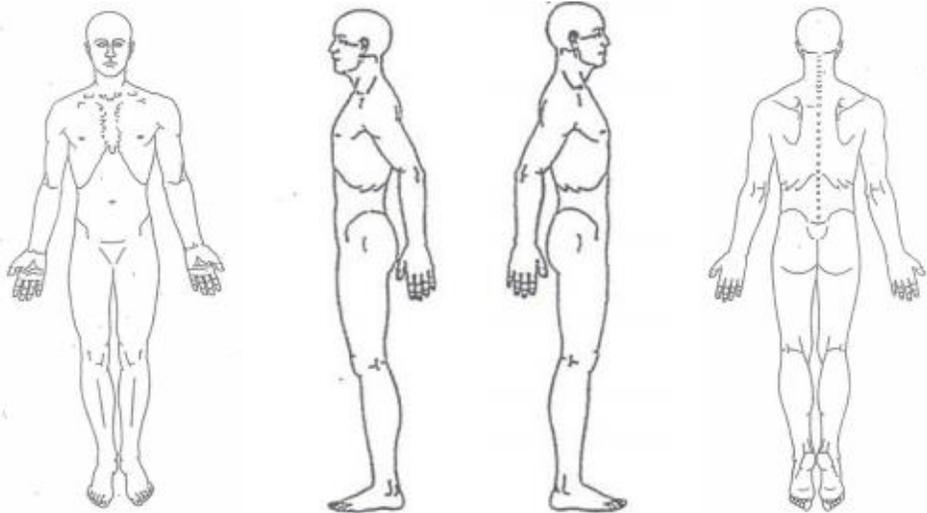
B = Burning

N = Numbness

P = Pins/Needles

S = Stabbing

O = Other



What have you heard about Chiropractic care: _____

Do you know what a subluxation is? If so, please describe: _____

What daily rituals for spinal health do you practice? _____

What sports are you active in? _____

What are your favorite Hobbies ? _____

Method of Payment for 1st Visit: Cash Credit Card

The above information is true and accurate to the best of my knowledge. My reason for consultation with the doctor is for evaluation of my physical health and the potential for improvement.

Patient (or Guardian) Signature: _____ Date: _____