Welcome to 50th & France Chiropractic & Wellness

New Patient Information

Today's Date: _____

First Name: _____ Last Name: _____ MI: _____

I prefer to be addressed as: _____ Birthdate: _____ Sex: _____

Address: _____ City: _____State: _____ ZIP: _____

Cell Phone: _____ Other Phone: _____

Email: _____ Appointment Reminders: ☐ Text ☐ Email

How did you hear about us? _____

Occupation: _____ Employer: _____

Marital Status:_____ Spouse/Partner Name: _____

Children? ◯ Yes ◯ No How Many? _____

Choose: ◯ Current Daily Smoker ◯ Current Some Days Smoker ◯ Former Smoker ◯ Never Smoked

Emergency Contact: _____ Phone: _____

Medical Doctor: _____ Phone: _____

The reason for this visit: _____

Please describe pain and location: _____

When did it begin? _____ Is it getting worse? ◯ Yes ◯ No

Does it interfere with your daily routine? ☐ Yes If yes, please explain _____

Have you had similar symptoms in the past? ☐ Yes If yes, please explain _____

Have you been treated by a chiropractor previously? ☐ Yes If yes, whom? _____

Are you currently taking any medications? ◯ Yes ◯ No

If yes, please list medications and dosages:

Please select if you have had any of the following conditions:

Choose any or all below:
AIDS
Alcohol Abuse
Anemia
Artificial Valves
Asthma
Cancer
Congestive Heart Defect
Diabetes Type I
Diabetes Type II
Drug Abuse
Emphysema
Epilepsy
Fainting
Glaucoma
Headaches
Heart Attack
High Blood Pressure
HIV Positive
Low Back Pain
Low Blood Pressure
Neck Pain
Psychiatric Issues
Seizures
Shingles
Sinus Problems
Stroke
Ulcers

Please list any medical conditions or surgeries you have had with dates:

Known Allergies (list all):

Family History:

What is your typical exercise routine?

Do you currently take any vitamins or supplements? ☐ Yes If so, what? _____

Are you on a special diet? ☐ Yes If so, what? _____

For Women: Are you taking birth control? ◯ Yes ◯ No

Are you pregnant? ☐ Yes How far along? _____ Nursing? ◯ Yes ◯ No

I understand the above information and have accurately completed it to the best of my knowledge. It is my responsibility to inform this office of any changes to the information I have provided. Entering/typing name in the signature field above constitutes signing the document, confirming the signer has read, understands, and agrees to the terms and conditions stated.

_____ _____

Signature ***Date***

Records Release

50th & France Chiropractic & Wellness is authorized to release any information deemed appropriate concerning my physical condition, including diagnosis and records of treatment or examination, to my insurance company, attorney, or adjuster in order to process any claim for reimbursement of charges incurred. Entering/typing name in the signature field above constitutes signing the document, confirming the signer has read, understands, and agrees to the terms and conditions stated.

_____ _____

Signature ***Date***