

Welcome to 50th & France Chiropractic & Wellness

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: _____

How did you hear about us?

Occupation: _____ Employer: _____

Marital Status: _____ Spouse/Partner: _____

Children: Yes No How many? _____

Choose:

Current Daily Smoker ___ Current Some Days Smoker ___ Former Smoker ___ Never ___

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 No

If yes, please explain _____

Have you had similar symptoms in the past? Yes No If YES, explain

Have you been treated by a chiropractor previously? If Yes No

YES, where/when _____

Are you currently taking any medications? Yes No

If yes, please list medications and dosages:

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

Known allergies:

Family History:

Typical Exercise Routine:

Do you currently take any vitamins or supplements? Yes No If so, what? _____

Are you on a special diet? Yes No If so, what? _____

For Women: Are you taking birth control? Yes No

Are you pregnant? Yes No 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.

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 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.

50th & France Chiropractic & Wellness communicates via HIPPA compliant forms such as phone, text, e-mail and fax.

Signature: _____ Date: _____