

Date: _____

Name: _____ Phone: _____

Please describe the current condition that brings you to our office:

What was the cause of the current problem? _____

When did the symptoms start? _____

Is this condition getting progressively worse? ____ Yes ____ No ____ Constant

Is this condition interfering with your: ____ Sleep ____ Work ____ Daily Routine

Other: _____

Has any other member of your family had a similar problem? _____

What diagnosis and treatment have you received for this problem? _____

Have you ever had Chiropractic care? ____ Yes ____ No

If "Yes" please answer the following:

When: _____ Doctor's Name: _____

Why did you discontinue seeing that doctor? _____

What did you like best about your experience there? _____

What did you like least about your experience there? _____

If "No" please answer the following:

What have you heard about Chiropractic? _____

(Continued on back)

Why do you think that Chiropractic can help you? _____

How long do you think that it will take to help you? _____

Have you had any injuries that required medical procedures in the last 5 years (i.e., surgery)? _____

Please list any **prescribed medications** you are currently taking: _____

Please list any **nutritional supplements** you are currently taking: _____

Women: Are you pregnant? _____ Yes _____ No

Additional Notes:
