



Adjusting Spines & Vitalizing Minds

New Patient Application

Welcome to our office (Please complete all questions)

First Name: _____ MI: _____ Last Name: _____ Today's date: _____
 Address: _____ City/State/Zip: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ E-mail Address: _____
 Birth date: _____ Age: _____ Marital Status: S M D W SS# _____
 Your Employer: _____ Occupation: _____
 Spouse's Name: _____ Spouse's Birth date: _____
 Spouses' Occupation: _____ Children names & ages: _____
 Favorite Hobbies & Interests: _____

(Please circle any health complaints you are currently experiencing on a recurring basis)

Low Back Pain	Tension Across Shoulders	Weight Trouble	Digestive Problems
Allergies/Asthma	Numbing/Tingling in Arms/Hands	Nervousness	Pain Between Shoulders
Neck Pain	Numbing/Tingling in Legs/Feet	Irritability	Tension/Migraine Headaches
Colds/Infections	Dizziness	Menstrual Problem	Difficulty Sleeping
Tired/Fatigue	Ear Infections/Ringing/Buzzing	Stomach/Bowel	Difficulty Bending/Lifting
High Blood Pressure	Fibromyalgia/Muscle Spasm	Depression	Inability to Play Sports
Infertility		Other _____	

Which of the above is the worst? _____ For how long? _____

Does complaint(s) interfere with your: _____ Work _____ Sleep _____ Hobbies _____ Daily Routine

To better serve you and coordinate your care, we'll periodically share your chiropractic success with your other health care providers. Please list any providers below, i.e. Family Physician, Women's Health, Specialty Provider:

How did you hear about our office? _____

When did you last see a chiropractor? _____ Doctor's Name: _____

Have you had or are you here as a result of a car accident or work injury: _____ Date of Accident: _____

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

Any chance you are pregnant? _____ What surgeries have you had? _____

Medications you currently take: _____

Do you have health insurance? _____ Name of Company: _____

Who is the primary insurance holder? _____ Yourself _____ Spouse _____ Parent

May we share our monthly newsletter with you? Yes _____ No _____

Signature _____