

WEST COAST



CHIROPRACTIC

Date: _____ Referred by: _____

Patient Name: _____ Social Security #: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____ Birth Date: _____ Age: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____

Marital Status: Married Single Divorced Widowed Number of Children: _____

Spouse's Name: _____

Have you previously had Chiropractic Care? _____ If yes, when? _____ Did it help? _____

List your problems in order of severity:

1. _____ For how long? _____
2. _____ For how long? _____
3. _____ For how long? _____

What activities make your condition worse? _____

Has this problem been getting better, worse, or staying the same? _____

How many hours a day do you sit at a computer? _____ How many hours a day are you on the phone? _____

Have you been involved in an auto accident in the last 12 months? _____ Do you have health insurance? _____

Name of insurance company: _____

Medications you take now: Aspirin Pain Killers Tranquilizers Insulin Birth Control Pills Other (please list) _____

People see Chiropractors for a variety of reasons. Some go for relief of pain, some to correct the cause of pain and others for correction of whatever is malfunctioning in their bodies. Your doctor will weigh your needs and desires when recommending your program of care. Please check the type of care desired so that we may be guided by your wishes whenever possible.

- RELIEF CARE: Symptomatic relief of pain or discomfort
- CORRECTIVE CARE: Correcting the cause of a problem as well as the symptoms
- COMPREHENSIVE CARE: Bring whatever is malfunctioning in the body to the highest state of health possible with Chiropractic care
- I want the doctor to select the type of care appropriate for my condition

Patient signature: _____