

## PERSONAL HISTORY

Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Business/Employer: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Circle One: Married Single Widowed Divorced Separated No. of Children \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Referred To This Office By: \_\_\_\_\_

Who is Responsible for your Bill: Self Spouse Workman's Comp. Medicare

Health Insurance Auto Insurance Other \_\_\_\_\_

## CURRENT HEALTH CONDITION

Purpose of This Appointment: \_\_\_\_\_

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Other Doctors Seen For This Condition: \_\_\_\_\_

When Did This Condition Begin \_\_\_\_\_

If Disabled From Work Please Give Dates: \_\_\_\_\_

Job Related Auto Related  
Drugs You Now Take: Nerve Pills Pain Killers/ Muscle Relaxers Blood Pressure Medicine Insulin  
Other: \_\_\_\_\_

## PAST HEALTH CONDITION

Please Circle or Describe: Major Surgery/Operations: Appendectomy Tonsillectomy Gall Bladder Hernia

Broken Bones Other: \_\_\_\_\_

Major Accidents or Falls: \_\_\_\_\_

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Hospitalization ( Other Than Above) : \_\_\_\_\_

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Previous Chiropractic Care: None

Doctor's Name & Approx. Date of Last Visit: \_\_\_\_\_

Have you been treated for any health condition in the last year? Yes No

If yes, please explain: \_\_\_\_\_

