Welcome...

PATIENT INFORMATION

Name:					A.(0)(0)(0)(0)	0.0000000000000000000000000000000000000			
Address:		CO. 2.		City:	* 34	W.		State:	Zip:
Sex: 🗆 Female 🗆 Male	Date of Birth			_ Email:					
Cell Phone:		}	Home Pho	one:	1000		1	Work Phone:	275 WWW. 198-
Do you prefer to recei	ve calls at:			□ Cell		Home		□ Work	
Are you: 🗀 I	Married	☐ Divorce	ed	☐ Single		□ C ommi	tted Rei	ationship	
Your employer:			7.0		Occupat	tion:			
Employer address:		*****							
City:									
Spouse or parent's nar									
Work place:									
Who referred you to o									
Emergency contact:					_ Relation	iship:		Pho	ne:
RESPONSIBLE	PARTY								
□ Self □	Spouse	□ Parei	nt / Guai	rdian	D O	ther:	9311	3600	
Primary Phone:									
INSURANCE IN									
Name of primary Insur	anceCo:								
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Name of primary Insur Insured Party: Insured D.O.B	Avenue	2000		1906	Relation	ship to pati	ient:		
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	re for this complaint:	□Yes □No ,	
If yes, Dr.'s name and location:		ACCURATE STATE AND ACCURATE AND	
Have you ever received chiropractic ca		□No	
If Yes, Dr.'s name and location:			
HEALTH HISTORY:			
Check only the conditions that apply:			
□ AIDS/HIV	☐ Digestive disorder	☐ High Cholesterol	☐ Pacemaker
□ Allergies	□ Emphysema	☐ High Blood Pressure	☐ Parkinson's Disease
☐ Asthma	☐ Epilepsy	T: Kidney Disease	☐ Pneumonia
≟ Anemia	☐ Fractures	☐ Liver Disease	☐ Prostate Problems
☐ Arthritis	☐ Glaucoma	□ Measles	☐ Prosthesis
☐ Bleeding disorders	□ Gout	☐ Migraine/Headaches	☐ Rheumatoid arthritis
[] Bronchitis	☐ German Measles	☐ Miscarriage	☐ Rheumatic fever
□ Cancer	☐ Heart Disease	! Muscular Dystrophy	□ Scarlet Fever
Concussion	☐ Hepatitis	☐ Multiple sclerosis	□ Stroke
☐ Depression	☐ Hernia	☐ Mumps	☐ Sinusitis
□ Diabetes	☐ Herniated Disc	Osteoporosis	Tuberculosis
Primary Care Doctor:		Date of last P	hysical Exam:
List surgeries and dates on which they	r occurred:		
List all medications you may currently	be taking:		
Is there a possibility you may be pregr	ant:		
DAILY HABITS:			
DAILT HABITS:			
What type of exercise do you perform	:□None □Light	☐ Moderate ☐ Heavy	
		= moderate	
Do you perform this exercise:	Daily Bi-wee	4	r
Do you perform this exercise: What do your daily work habits includ		ekły □3 x per wk □ Othe	r
		ekły □3 x per wk □ Othe	r
	e, (sitting, standing, heavy lab	ekły □3 x per wk □ Othe	
What do your daily work habits includ	e, (sitting, standing, heavy lab	ekly □3 x per wk □ Othe oor, computer work):	
What do your daily work habits includ Do you smoke: □Yes □ No How muc	e, (sitting, standing, heavy lab	ekły □3 x per wk □ Othe oor, computer work):	
What do your daily work habits includ Do you smoke: ☐ Yes ☐ No How much alcohol do you consume of	e, (sitting, standing, heavy lab	ekly □3 x per wk □ Othe	
What do your daily work habits includ Do you smoke: ☐ Yes ☐ No How much alcohol do you consume of	e, (sitting, standing, heavy lab h per day: n a weekly basis: rages do you drink on a daily l	ekły [] 3 x per wk	
Do you smoke: Yes II No How much How much alcohol do you consume of How much coffee or caffeinated bever	e, (sitting, standing, heavy lab h per day: n a weekly basis: rages do you drink on a daily l	ekły [] 3 x per wk	
Do you smoke: ☐ Yes ☐ No How much alcohol do you consume on How much coffee or caffeinated bever How many hours of sleep do you get p	e, (sitting, standing, heavy lab h per day: n a weekly basis: rages do you drink on a daily l	ekły [] 3 x per wk	
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