

Chiropractic Patient Data

Title: Dr. / Mr. / Mrs. / Ms. / Miss (circle one)

Welcome to our family!

It is well known that families who maintain healthy, well-aligned spines have significantly improved health.

People whose spines are not in proper alignment are much more likely to develop serious health problems, pain, arthritis, heart disease, headaches, allergies, and decreased immune systems.

Health comes from within. Unlock your full health potential! Maintain your health with regular spinal checkups!

You're worth it!

Name: _____

Nick Name: _____ SS: ____-____-____

Home# _____ Cell# _____ Work#: _____

E-mail: _____ Birth Date: _____ Age _____ Sex: M / F

Address _____ Apt# _____

City _____ State _____ Zip: _____

Employed / Homemaker / Retired / Un-employed / Full Time Student / Part Time Student

Name of School: _____

Occupation: _____

Day spent: sitting / standing / walking / lifting / twisting / bending

Employer: _____ Employer Address: _____

City: _____ State: _____ Zip: _____

Do you prefer we contact you by: Phone /E-mail / postal mail

Are your spouse or children patients in this clinic? Yes / No / Spouse / Children

Marital Status: S M W D Sep Children: _____ Ages _____

Names of children: _____

Spouse Data Or Emergency Contact

Spouse or Emergency Contact Name _____

Home# _____ Cell# _____ Work# _____ Employer _____

E-mail: _____ SS#: ____-____-____ Birth Date: _____ Age: _____

May we release information about your health care to your spouse or emergency contact? Yes / No

Emergency Contact: _____ Emergency# _____

Preferred payment method: Cash / Credit / Debit / Insurance / Preventive Care Plan / Other