

# Providence Family Chiropractic

Date: \_\_\_\_\_

File #: \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

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

Phone: (home) \_\_\_\_\_ (work/cell) \_\_\_\_\_ Do you work nights?  Y  N

Email address: \_\_\_\_\_ Can we send you email?  Y  N

SS # \_\_\_\_\_ Occupation: \_\_\_\_\_

Employed by: \_\_\_\_\_ Type of work: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Name of Emergency Contact if not spouse: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Have you received chiropractic care before?  Y  N When? \_\_\_\_\_

How you were referred to this office by: \_\_\_\_\_ (yellow pages, friend, Dr., etc.)

## Insurance Information

Are you consulting our office for:

Auto related accident

Date of injury: \_\_\_\_\_

On the job injury

Date of injury: \_\_\_\_\_

Personal injury (fall, etc.)

Date of injury: \_\_\_\_\_

Do you have any type of health insurance? \_\_\_\_\_ Company? \_\_\_\_\_

Are you covered under any other group or individual health policy through yourself or your spouse?

If yes, 1) company's name \_\_\_\_\_ 2) Spouse's SS# \_\_\_\_\_

3) Spouses Date Of Birth \_\_\_\_\_ 4) Spouse's Employer \_\_\_\_\_

## Health Information

List your chief complaints in order of severity:

1. \_\_\_\_\_ For how long? \_\_\_\_\_

2. \_\_\_\_\_ For how long? \_\_\_\_\_

3. \_\_\_\_\_ For how long? \_\_\_\_\_

4. \_\_\_\_\_ For how long? \_\_\_\_\_

List other Doctors you have consulted for this condition:

1. \_\_\_\_\_ Address \_\_\_\_\_

2. \_\_\_\_\_ Address \_\_\_\_\_

## Circle all you experience:

**NECK:** Stiffness Pain Spasm Pinched Nerve Grinding/Popping

**MIDBACK:** Stiffness Pain Spasm Pinched Nerve Grinding/Popping

**LOWBACK:** Stiffness Pain Spasm Pinched Nerve Grinding/Popping

**Arm:** Numb Pins & Needles Pain **Hand:** Numb Pins & Needles Pain

**Knee:** Numb Pins & Needles Pain **Leg:** Numb Pins & Needles Pain

**Foot:** Numb Pins & Needles Pain **Hip:** Numb Pins & Needles Pain