

Confidential Patient Case History

Dear Patient: Please complete the following questionnaire. THANK YOU!

Name _____

Street Address _____

City _____

State _____ Zip _____

Home telephone _____

Work telephone _____

Cellular phone _____

Email address _____

Social Security # _____

Birth date _____ Marital status: M S D W

Occupation _____

Employer _____

Spouse _____

Referred by _____

Insurance Information

Insurance company _____

Group or plan # _____

Identification # _____

Copay _____

Health Information

Have you ever had previous chiropractic care? _____

What is your major health care complaint? _____

Do you have other health issues? _____

Date of onset of primary condition _____

Have you had this condition in the past? _____

Is this condition getting worse? _____

Does the condition interfere with: Work Sleep Daily routine Exercise ?

Other doctors who have treated this condition _____

When was your last physical examination _____

Are you pregnant _____ When was your last gyn /ob appointment _____

List any medications you are currently taking _____

Are you wearing: Heel lifts Orthotics Supports ?

Signature _____ Date _____