



HOLISTIC FAMILY

CHIROPRACTIC

Appointment Date and Time: _____ Chart #: _____

NEW PATIENT APPLICATION

Welcome to our Practice! Please complete ALL questions. Thank you!

Name: _____ Date: _____

Address: _____

City/State/Zip: _____ E-Mail: _____

Phone: Home _____ Work: _____ Cell _____

Marital status: M/W/D/S Family Appointment: Y / N

Birth date: ___/___/___ Age: _____ Social Security #: _____

Who may we thank for referring you? _____

Your prior doctor of chiropractic: _____

Last time you went to previous doctor of chiropractic _____

General practitioner: _____ City _____

Your employer: _____

Employer's address: _____

Occupation: _____

Spouse's name: _____

Spouse's employer: _____

Children's names & ages: _____

Favorite hobbies or interests: _____

Health reasons for consulting our office:

1. _____ 3. _____

2. _____ 4. _____

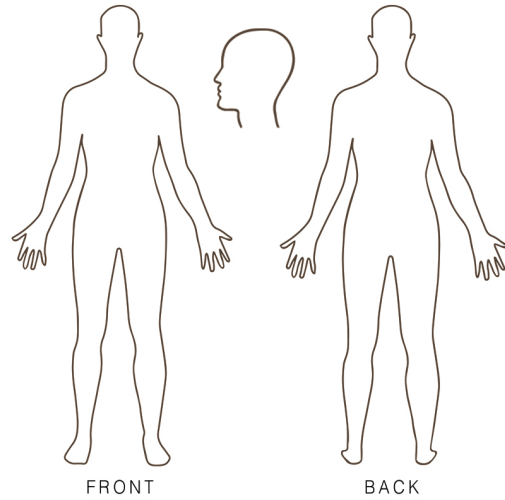
How long? _____
Please explain _____

Have you had same or similar problem(s) before?
No ____ Yes ____ If so, when? _____

Father/Mother/Brother/Sister/Children with similar problems:

Is this the result of an auto or work injury? Y / N
If so, when? _____

Other doctors who have treated this problem:



Mark area(s) of Health Concerns On Body Figures

Surgery you have had: _____

Medication(s) you currently take: _____

Supplement(s) you currently take: _____

Is there any chance you are pregnant? Yes ____ No ____

What have you heard about chiropractic care?

Do you know what a subluxation is? If yes, please describe

What daily rituals for spinal health do you presently practice?

Have you ever been diagnosed with cancer? Y / N

If so, what type? _____

Do you have health insurance? Y / N Name of company: _____

Method of payment for first visit:

____ Cash ____ Check ____ Credit Card

The above information is true and accurate to the best of my knowledge. My reason for consultation with the doctor is for evaluation of my physical health and the potential for improvement.

Patient or Guardian Signature: _____ **Date:** ____ / ____ / ____

For Office Use Only: Ht ____ Wt ____ BP ____ P ____ T ____ Pic ____ Exp. 1 / 2 / 3 Dem ____