

## ABOUT YOU

Name: \_\_\_\_\_  
(Please Print)

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_M\_\_\_F Occupation: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Children's Names and Ages: \_\_\_\_\_

Hobbies and Interests (what do you do for fun?) \_\_\_\_\_

Have you been to a chiropractor before? \_\_\_ Yes \_\_\_ No

If yes, who and when: \_\_\_\_\_

Have you been seen by a medical doctor for any reason in the last year? \_\_\_ Yes \_\_\_ No

If yes, explain: \_\_\_\_\_

Do you have a family physician? \_\_\_ Yes \_\_\_ No

What brings you to the office today? \_\_\_\_\_

If you have no specific problem but are here to have you spine checked for vertebral subluxation, check here \_\_\_\_\_.

Have you had any surgeries, falls, accidents or injuries? If yes, please list what and when:

\_\_\_\_\_  
\_\_\_\_\_

List any complication during or after your own birth. Include forceps delivery, Caesarean, etc:

\_\_\_\_\_  
\_\_\_\_\_

**Thank you for choosing Families' 1<sup>st</sup> Choice Chiropractic!**

Thank you again for choosing our office. We want to assure you that we will provide you with the optimum in chiropractic care and recommendations in the most professional and honest manner. To do this we will be conducting a chiropractic analysis of your spine. This may include some procedures that are not familiar to you. We will outline the process to you, but if you have any questions, you may ask anyone of our staff members.

Once the analysis is complete and your subluxations (if any) have been corrected, we will present our recommendations to you. This will require some basic knowledge that may be new to you even if you have been to chiropractors in the past. Remember our findings are strictly chiropractic in nature and do not involve any other areas of your health.

We would like to begin this process with just a little more basic information about you. Please fill out the bottom of this page, paying special attention to the section "Reason For Consulting This Office." Be sure to read all the questions first and then mark the box that most accurately reflects your goals at this time.

Name: \_\_\_\_\_

Referred By: \_\_\_\_\_

How would you rate your (circle):

<b>Diet</b>	Poor	Good	Excellent
<b>Rest</b>	Poor	Good	Excellent
<b>Exercise</b>	Poor	Good	Excellent

Your last visit to a chiropractor was (circle one):

Never                      3 months ago or more                      Less than 3 months ago

On a scale of 1 to 10 (with 10 being the highest) what number best describes your occupational/personal life stress? \_\_\_\_\_

Do you regularly consume any of the following (please circle):      Caffeine    Nicotine    Alcohol

What do you regularly do (or plan to do) to improve your life and health? \_\_\_\_\_

REASON FOR CONSULTING THIS OFFICE (please check one of the following three reasons.)

\_\_\_\_ I have no special problem; I understand the role of chiropractic in my general well-being.

\_\_\_\_ I have the symptom of a physical problem and I want to see if chiropractic will enable my body to work better. I am also interested in learning about the role of chiropractic in improving my expression of life and that of my family.

\_\_\_\_ I have a symptom and I am only interested in relief from it.

**Again, welcome to our office. We look forward to a long, healthy relationship with you.**