

Family Chiropractic of Westboro NEW PATIENT HISTORY

DATE _____

NAME _____ SEX: M F

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ E-mail _____

ADDRESS _____ CITY _____ ZIP _____

DATE OF BIRTH _____ AGE _____

OCCUPATION _____ EMPLOYER/ADDRESS _____

MARITAL STATUS: S M D W L/W SPOUSES NAME _____ CHILDREN'S AGES _____

PREVIOUS CHIROPRACTOR _____ LAST ADJUSTMENT _____

HOW WERE YOU REFERRED TO THIS OFFICE? _____

REASON FOR CONSULTING THIS OFFICE _____

- Were there any problems associated with your mother's pregnancy or your birth? Please explain:
- Did you have any childhood illnesses or injuries? Please explain:
- Have you had any traumatic or sports related injuries? Please explain:
- Have you had any auto or other accidents? Please explain:
- Have you had any hospitalizations or surgeries? Please explain:
- Are you taking any drugs (prescription, non-prescription, recreational) now? Please explain:
- Have you taken any drugs (prescription, non-prescription, recreational) in the past? Please explain:
- Do you take any vitamins, nutritional supplements, herbs or homeopathic remedies? Please list:
- Please circle if you suffer from any of the following problems: Heart/Circulatory---Lungs/Respiratory---
Gastrointestinal---Urinary---Gynecological---Glandular---Nervous/Emotional---Reproductive---Eating Disorder---
Skin---Breast---Autoimmune---Arthritic/Joint---Physical or Chemical abuse---Headache---Infection---TMJ---Prostate
Neurological---Earache---Dizziness---Sleeping---Visual---Cancer---Muscular---Diabetes

	HEAVY	MODERATE	LIGHT	NONE
ALCOHOL Use	_____	_____	_____	_____
CAFFEINE Use	_____	_____	_____	_____
TOBACCO Use	_____	_____	_____	_____
CHILDHOOD Stress	_____	_____	_____	_____
SCHOOL Stress	_____	_____	_____	_____
FAMILY Stress	_____	_____	_____	_____
WORK Stress	_____	_____	_____	_____
RELATIONSHIP Stress	_____	_____	_____	_____

• FOR WOMEN: Are you Pregnant? _____ Last Menstrual Period _____

- Are you healthier today than 5 years ago? _____ Why or Why not? _____
- Will you be healthier in 5 years than you are today? _____ Why or Why not? _____
- Are you interested in improving your well being or just getting rid of the symptoms you have today? _____
- Are you interested in having a personalized nutritional assessment performed? _____

IN ORDER TO ACHIEVE MAXIMUM BENEFIT IT IS IMPORTANT THAT YOU ARE CONSISTENT WITH YOUR APPOINTMENTS. REGAINING HEALTH IS A PROCESS NOT AN EVENT. WE EXPECT YOU TO COMMIT TO A MINIMUM OF 12 ADJUSTMENTS (THIS TYPICALLY TAKES BETWEEN 1-4 MONTHS). WE WOULD LIKE YOU TO ATTEND AT LEAST ONE HEALTH WORKSHOP (1 HOUR) AND BRING YOUR FAMILY TO BE CHECKED.

PLEASE FEEL FREE TO DISCUSS OUR FEES. IT IS PART OF OUR MISSION TO PROVIDE AFFORDABLE CHIROPRACTIC CARE TO ALL PEOPLE. FEES ARE PAYABLE WHEN SERVICES ARE RECEIVED. IF YOU ARE USING INSURANCE, PLEASE PRESENT YOU INSURANCE CARD. PLEASE VERIFY YOUR BENEFITS WITH YOUR INSURANCE COMPANY SO YOU ARE AWARE OF YOUR FINANCIAL RESPONSIBILITIES.

SIGNATURE: _____