PATIENT INTRODUCTION CARD

SINCERE CHIROPRACTIC

Today's Date:_____/_____/_____

Last Name: _____**First Name:** _____**MI:** _____

Street: _____ City: _____ State: _____Zip_____

Home Phone #: (_____)_____ Cell/Work #: (_____)_____

Birth Date:_____/_____/_____ □ Male □ Female

□ Employed / Occupation: _____ □ Full-Time Student □ Part-Time Student

Email:_____ Marital Status: □ Single □ Married □ Other

Number of Children/ Ages: _____ Spouses Name: _____

Whom may we thank for referring you? _____

Briefly describe the reason for your visit: _____

_____

DO YOU HAVE A HISTORY WITH ANY OF THE FOLLOWING? IF YES, PLEASE CHECK.

☐Hypertension	☐CVA History	☐Osteoporosis
☐Surgery	☐Headaches	☐Recent Weight Loss
☐Cancer	☐Stroke	☐Recent Weight Gain
☐Skin Disease	☐GI Disease	☐Allergies
☐Pacemaker	☐Arthritic Disease	☐Sports Injury
☐Insulin Pump	☐Endocrine	☐Medication
☐Hematological	☐Scoliosis	☐Genitourinary
☐Fever	☐Musculoskeletal	☐Fatigue
☐HEENT Disease	☐Psychiatric	☐Neuro Disease
☐Diabetes	☐Cancer Remission	☐LBP
☐Spinal Fusion	☐Major Trauma	☐Cardiovascular
☐Pregnant	☐Respiratory Disease	☐Other

Have you ever been treated by a chiropractor before □ Yes □ No

If so, whom, and please explain: _____

Is this condition due to an accident? ☐Yes, Date:_____ ☐No What Type: □ Auto □ Work □ Home □ Other

To whom, have you made a report of your accident? □ Auto Insurance □ Employer □ Worker Comp □ Other

Do you have health insurance? ☐Yes ☐No What Company? _____

In case of Emergency, who should we contact? Name/Number:_____