

Name _____ **Phone** _____ **Age** _____

Email _____ **DOB** _____

Address _____
Street City State Zip

Marital Status _____ **Significant Other's Name** _____

Children's Names & Ages _____

▶ **How did you find out about our practice?** _____

▶ **Have you ever been to a Chiropractor before?** (If so, how long ago) _____

▶ **What brings you in to the office today?** (please be specific) _____

(You may stop here if you are here for a wellness check up and have no symptoms or concerns)

▶ **How long has this problem been going on?** _____

▶ **What do you believe caused your problem?** _____

▶ **Has this ever happened to you before?** _____

▶ **How many days per week or month do you notice this problem?** _____

▶ **Do you feel your problem has gotten better, stayed the same, or gotten worse?** _____

▶ **Has this issue been a reoccurring problem for you?** (if so, how many episodes) _____

▶ **Does the pain or issue spread any where else in your body?** _____

▶ **On a scale of 1-10, with 10 being the worst, how uncomfortable is this problem?** _____

▶ **What does it feel like?** _____

▶ **What makes your problem worse?** _____

▶ **What makes your problem better?** _____

▶ **Is it limiting your ability to exercise, enjoy life, relax, sleep, perform routine tasks, etc?**

(Please list all that apply) _____

▶ **On a scale of 1-10, with 10 being the most, how important is this to rectify?** _____