

REASON FOR VISIT CONTINUED

Have you had this or similar conditions in the past? _____ If so, please explain: _____

Have you been, or are you currently under the care of another practitioner for this condition? YES/NO

Please circle: Medical Physician Chiropractor Physical Therapist Naturopath Other _____

If so, who (Please list all providers)? _____

MEDICAL HISTORY

Referring Physician for this condition: _____ Facility: _____

Primary Physician: _____ Facility: _____

Please List Current Medications (if you have a list, you may ask to have a copy made instead of writing them down)

Do you have or ever had any of the following diseases or conditions? (please circle any that apply)

- Frequent Neck Pain
- Lower Back Problems
- Severe/Frequent Headaches
- Fainting/Seizures/Epilepsy
- Diabetes/Tuberculosis
- Arthritis/Artificial Joints
- Heart Attack/Stroke
- Pacemaker/Defibrillator
- Shingles
- Psychiatric Problems
- Difficulty Breathing
- Cancer
- Hemorrhoids
- Incontinence
- Vertigo/Dizziness
- Plantar Fasciitis
- Carpal Tunnel Syndrome
- Radicular Pain in Arms or Legs

Please list any other serious medical conditions and/or surgeries with dates: _____

Do you: Take vitamins or supplements: YES/NO Exercise? YES/NO Smoke? YES/NO How Much? _____

For Women: Do you have any concerns about pelvic pain, pain with intercourse, incontinence (frequency/urge/leak with cough or sneeze)? YES/NO

Are you currently pregnant? NO/YES How Many Weeks? _____ Are you currently nursing? YES/NO

of Pregnancies _____ # of Children _____

ACCOUNT INFORMATION

Person ultimately responsible for account (only fill out if someone other than patient is responsible):

Name: _____ **Relation:** _____ **Phone#:** _____

Billing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

I understand the above information and guarantee this form was completed correctly to the best of my knowledge and understand it is my responsibility to inform this office of any changes to the information I have provided.

Signature _____ Date ____/____/____