EXPRESS CHIROPRACTIC, LLC

Patient Information

Name _____ Birth Date _____ Age _____
First MI Last *MM/DD/YYYY*

Address _____ Home Phone _____ Work Phone _____

City _____ State _____ Zip _____ Social Security # _____

Sex [M] [F] Marital Status [S M D W] Employer's Name _____

Spouse's Name _____ Occupation _____

Children [Y] [N] If so, how many? _____ Children's Names _____

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PLEASE CHECK ANY OF THE FOLLOWING THAT YOU MAY HAVE HAD / CURRENTLY HAVE: (101)

[ ] Anemia	[ ] Diabetes Type I / II	[ ] HIV Positive / AIDS	[ ] Multiple Sclerosis
[ ] Anxiety / Depression	[ ] Diabetic Neuropathy	[ ] Hyperlipidemia	[ ] M.I. / Heart Attack
[ ] Arthritis RA / OA	[ ] Epilepsy / Seizures	[ ] Hiatal Hernia	[ ] Peptic Ulcer / Gastritis
[ ] Anxiety	[ ] Emphysema	[ ] Hypertension	[ ] Schizophrenia
[ ] Bipolar Disorder	[ ] Gallstones	[ ] Kidney Disorder	[ ] SLE / Lupus
[ ] Cancer	[ ] GERD / Acid Reflux	[ ] Kidney Stones	[ ] Thyroid Hypo / Hyper
[ ] Colitis / Spastic colon	[ ] Hepatitis A / B / C	[ ] Migraines	[ ] Tuberculosis

Other: _____

List all surgical operations & date:
_____
_____
_____
_____

Check here if you have a <u>family history</u> of:
[ ] Cardiovascular disease
[ ] Cancer
[ ] Diabetes
[ ] Other:_____

List all <u>prescription</u> drugs you now take:
_____
_____
_____
_____

List all <u>non-prescription</u> drugs you now take:_____
_____
_____
_____

List all supplement(s) you now take:
_____
_____
_____
_____

Who is your family doctor?
Dr._____
Phone #: _____

Known drug allergies: _____

Social Habits:
[ ] smoking
[ ] chewing tobacco
[ ] alcohol
[ ] recreational drugs

Exercise Activity:
[ ] No exercising routine
[ ] light (1-2x/week)
[ ] moderate (3-5x/week)
[ ] strenuous (>5x/week)

Stress levels:
[ ] little or none
[ ] minimal
[ ] moderate
[ ] heavy / always!

Dietary habits:
[ ] no habits / limitations
[ ] structured
[ ] vegetarian / vegan
[ ] other: _____

Have you ever seen a Chiropractor before? [ ]Y [ ]N If so, when & for what?
_____

I certify that the above information is true and accurate to the best of my knowledge.
Signature _____ Date _____