

# Welcome to Family First Chiropractic

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	<u>What do you prefer to be called?</u>
<u>Mailing (Street Address)</u>		<u>City</u>	<u>State</u> <u>Zip Code</u>
Home Phone: _____	Work Phone: _____	Cell Phone: _____	<u>Email Address</u> (for our patient newsletter):
Check best number you can be reached:			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<u>Date of Birth</u> ____/____/____	<u>Age</u>	<u>Social Security Number:</u>	
<u>Marital status (circle one)</u> Single / Mar / Com / Div / Sep / Wid		<u>Spouse/Partner's Name (if married or committed):</u>	
<u>Do You Have Children?</u> (Circle)    Yes    No If yes, Please list names & ages:		<u>How did you learn about our office?</u>	
<u>Occupation:</u>	<u>Name of Employer/Business:</u>		
<u>Please list any hobbies or activities you currently do:</u>			
<u>Check Reasons for Pursuing Chiropractic Care:</u> <input type="checkbox"/> Continuing ongoing care from another Chiropractor <input type="checkbox"/> Interested in wellness and natural care <input type="checkbox"/> Concerned about my health and looking for answers <input type="checkbox"/> Specific Condition that concerns me: (Please describe): _____ _____ _____ <input type="checkbox"/> Improve my immune function <input type="checkbox"/> Do not know why I'm here, so please explain to me what you do.		<u>Is today's visit related to:</u>  <u>Work Injury?</u> <input type="checkbox"/> Yes (Date of Injury _____) <input type="checkbox"/> No  <u>Auto Accident?</u> <input type="checkbox"/> Yes (Date of Injury _____) <input type="checkbox"/> No  <i>(If you answered 'yes' to any of these, please get additional paperwork from the front desk)</i>	

*Please Continue Form on the Other Side...*

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**In order for us to better understand your current level of health, please check any of the following body signals which you HAVE or HAVE HAD PREVIOUSLY:**

DIZZINESS OR FAINTING	<input type="checkbox"/>
POSTURAL IMBALANCE	<input type="checkbox"/>
SHORT LEG/ORTHOTICS	<input type="checkbox"/>
INTESTINAL PROBLEMS	<input type="checkbox"/>
SINUS PROBLEMS	<input type="checkbox"/>
BLADDER PROBLEMS	<input type="checkbox"/>
PMS	<input type="checkbox"/>

HEADACHE	<input type="checkbox"/>
ARTHRITIS	<input type="checkbox"/>
EAR INFECTION	<input type="checkbox"/>
FREQUENT COLDS	<input type="checkbox"/>
HIGH BLOOD PRESSURE	<input type="checkbox"/>
KIDNEY PROBLEMS	<input type="checkbox"/>
MENOPAUSAL SYMPTOMS	<input type="checkbox"/>

**Check the following conditions if YOU and/or YOUR FAMILY MEMBERS have had:**

<u>Condition</u>	<u>Myself</u>	<u>Family</u>
AIDS		
ALCOHOLISM		
CANCER		
DIABETES		
EPILEPSY		
HYPER/HYPOTHYROIDISM		

<u>Condition</u>	<u>Myself</u>	<u>Family</u>
HEART DISEASE		
LUNG DISEASE		
MULTIPLE SCLEROSIS		
SCOLIOSIS		
STROKE		
ULCERS		

**List any Prescription or Over The Counter Medications Now Taken:**

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**Known Allergies:**

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### **The Stress Test**

The following areas of stress can cause mis-aligned vertebra (subluxation).

Which of these stresses do you recognize?

Please CIRCLE when you experienced these stresses: C (Child), T (Teenager), A (Adult)

<u>Physical/Emotional/Chemical Stress:</u>				<u>Comments:</u>
Birth Trauma	C	T	A	
Slips/Falls	C	T	A	
Car Accidents	C	T	A	
Sports Injuries	C	T	A	
Physical Abuse	C	T	A	
Poor Posture	C	T	A	
Work Injuries		T	A	
Sitting on a Wallet		T	A	
Sleeping on Stomach		T	A	
Extensive Computer Work		T	A	
Carrying Heavy Purse/Bookbag/Child		T	A	
Repetitive Lifting/Bending		T	A	
Driving for Many Hours		T	A	
Continuous Hours Sitting/Standing		T	A	
Children Stress			A	
Career Stress			A	
Relationship Stress	C	T	A	
Concealed Feelings	C	T	A	
Quick Tempered	C	T	A	
Smoker/Second Hand Smoke	C	T	A	
Poor Diet/Excessive Sugar	C	T	A	
Caffeine	C	T	A	
Prescription Drugs	C	T	A	
Over The Counter Drugs (ex: Tylenol)	C	T	A	

It is important that our patients and we have the same health objectives concerning chiropractic care. Regardless of what a disease or condition is called we do not offer to treat it. Our only practice objective is to eliminate a major interference to the expression of the body's internal wisdom and power. Our only method is specific adjusting to correct vertebral subluxations; which interfere with the body's internal wisdom and power. We believe that the greatest Doctor is the one already inside of each of our patients and we only help to maximize that inherent healing power, without using drugs or surgery. Your signature verifies that the information given in this form is complete and correct and that you accept, if eligible, chiropractic care on this basis.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date