

New Patient Introduction Sheet

Name _____
 First Middle Last Nickname
Address _____ City _____ State _____ Zip _____
E-mail _____ DOB _____ Age _____ Sex: M F
Home Phone_(____) _____ Cell Phone_(____) _____
Social Security No: _____ Driver's License No: _____
Marital Status: Single Married Separated Divorced Widowed
Spouse's Name _____ Number of Children _____
Occupation _____ Business/Employer Phone _____
Business/Employer/School Name _____
Address _____ City _____ State _____ Zip _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name _____ Relationship _____
Home Phone_(____) _____ Cell Phone_(____) _____

Illness/Accident Information:

Was there an accident or injury? Yes No If yes, what was the date _____

Did it occur at work? Yes No Did it occur in an automobile? Yes No

What are the Health Concerns:

1st concern: _____

2nd concern: _____

Others: _____

Has it happened before? Yes No If yes, when _____

Have you had Chiropractic before? Yes No If yes, when? _____

Were you examined? Yes No Were X-rays taken? Yes No

Name of the Chiropractor: _____ Phone #: _____

Present reason for consulting this office (mark which applies):

_____ I am interested in getting well and staying well

_____ I am interested in temporary relief only

_____ I would like the doctor to make recommendations

_____ I am here for a complimentary consultation only

Is the patient a minor? Yes No If yes please complete the Minor's Introduction sheet.

Whom may we thank for referring you? _____

I do hereby certify that the preceding questions have been answered truthfully and completely to the best of my knowledge.

Patient/Guardian/Representative Signature

Date