



Family Chiropractic Complex

Case History

Please print clearly and fill out all answers completely.

Date: _____ How did you find out about our office? Newspaper Radio Mail Other
 Referred by: _____
 Name: _____ Social Security # _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ Sex: M F
 Home Phone: _____ Cell Phone: _____ Birthdate: _____ Age _____
 Present Employer: _____ Work Phone: _____
 Employer's Address: _____

Spouse's Name: _____ Spouse Social Security #: _____
 Spouse's Place Of Employment: _____ Spouse's Work Phone: _____

Please describe activities your employment requires, such as stooping, lifting heavy objects, typing, etc.

List any exercise programs or sports activities in which you participate.

Present MD _____ Date of last visit _____

Reason _____

List all surgeries you have had: _____

List all current health problems: _____

****Very Important**** Please list ALL medications (prescription and over the counter) you are now taking:

Have you ever been under chiropractic care before? Yes No

If yes, please give the doctor's name: _____ Date of last visit: _____

Describe your chief complaint in detail: _____

List any automobile accidents and/or major traumas you have suffered and dates: _____
