

Chiropractic Case History

Name _____ Sex M F Marital Status M S D W Date _____

Address _____ City _____ State _____ Zip _____

Home Ph(_____) _____ Cell Ph _____ Date of Birth _____ Age _____

Referred by _____ Email _____

Occupation _____ Employer _____

1. Insurance Information:

Primary Insurance Company: _____

Secondary Insurance: _____

Height _____ Weight _____ Have you ever received Chiropractic Care? Yes No If yes, when? _____

2. Primary reason(s) for seeking chiropractic care today (Please explain below):

3. Any treatment for the above condition? No Yes If yes, please describe: _____

4. Previous accidents / injuries / traumas: _____

5. Current Allergies:

6. Current Medications:

Medication	Reason for taking	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Chiropractic Case History: continued

7. Past Surgeries:

Date	Type of Surgery
_____	_____
_____	_____
_____	_____

8. Females:

Are you pregnant? Yes ____ No ____ If yes, number of month's pregnant? _____
Date of your last menses? _____

9. Family Health History:

Heart Disease Cancer Stroke Diabetes Autoimmune Disease Other _____

10. Level of Education:

high school some college college graduate post graduate studies

11. Recreational activities: _____

12. Lifestyle (hobbies, level of exercise, alcohol, tobacco and drug use, diet): _____

13. Other: _____

14. Emergency Contact:

Name: _____ **Relationship:** _____
Contact Number: _____

I have read the above information and certify it to be true and correct to the best of my knowledge, and hereby authorize this office of Chiropractic to provide me with chiropractic care, in accordance with this state's statutes. Furthermore, any risks regarding chiropractic treatment will be explained to me upon my request.

I also understand that Bronson/Deer Valley Chiropractic will not release and medical/Health information unless authorized by me according to H.I.P.P.A

Patient or Guardian Signature _____ **Date** _____