

Okemos Chiropractic Health Clinic

2549 Jolly Road Suite 360, Okemos, MI 48864

www.ChiropracticHealthClinic.com

Please complete this form. Your answers will help us determine if chiropractic can help you. If we do not sincerely believe that your condition will respond satisfactorily, we will not accept your case. Thank you.

General Information

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email Address _____

What do you prefer to be called? _____ How were you referred to us? _____

Employer / Occupation _____ Work Phone _____ Okay to call work? Y or N

Sex: M or F Birth Date _____ Age _____ Social Security Number _____

Marital Status: M S W D Spouse's Name _____ Number of Children _____

Name of Primary Insurance Co. _____ Subscriber _____

Subscriber's Social Security Number _____ Birth Date _____

Name of Secondary Insurance Co. _____ Subscriber _____

Subscriber's Social Security Number _____ Birth Date _____

Health Information

Have you ever seen a Chiropractor before? Y N If yes, who and when? _____

What is your major health related complaint? _____

Minor complaints _____

Is your condition the result of an auto accident? Y or N Is your condition the result of a work related injury? Y or N

Have you ever been in any kind of auto accident? Y or N If yes, when? Past year? Past 5 years? Over 5 years?

Describe _____

How long have you had this condition? _____ Have you had similar conditions in the past? Y or N

What areas of your life have been affected by your pain and symptoms? _____

What activities aggravate your condition? _____

Is your condition: Getting progressively worse? Y N Constant? Y N Does it come and go? Y N

How long has it been since you felt good? _____ Have any other Doctors treated you for this condition? Y N

If yes, who and when? _____

List all surgical operations and years _____

PLEASE COMPLETE OTHER SIDE

