



# Chiropractic Health Clinic

2549 Jolly Road, Okemos, 517-347-2222  
www.chiropractichealthclinic.com

**CONFIDENTIAL PATIENT INFORMATION**

Date: \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_ Marital: M S W D How many children? \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Office Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Preference Email \_\_\_\_\_ Mail \_\_\_\_\_

Name of Primary Insurance Co \_\_\_\_\_

Subscriber \_\_\_\_\_ SS# \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of Secondary Insurance Co \_\_\_\_\_

Subscriber \_\_\_\_\_ SS# \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Occupation \_\_\_\_\_

Patient's Nearest Relative \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Referred by \_\_\_\_\_

Is condition due to injury or sickness involving patient's employment? \_\_\_\_\_ Date \_\_\_\_\_

Is condition due to auto or personal injury? \_\_\_\_\_ Date \_\_\_\_\_

Have you lost any days from work? \_\_\_\_\_ How many? \_\_\_\_\_

What surgeries have you had? \_\_\_\_\_

What medications or drugs are you taking? \_\_\_\_\_

Serious illnesses? \_\_\_\_\_ Fractured bones? \_\_\_\_\_

Have you ever been under Chiropractic Care? Yes  No  Doctor's Name \_\_\_\_\_

Habits:	Heavy	Moderate	Light	None
Alcohol	_____	_____	_____	_____
Coffee	_____	_____	_____	_____
Tobacco	_____	_____	_____	_____
Drugs	_____	_____	_____	_____
Exercise	_____	_____	_____	_____
Sleep	_____	_____	_____	_____
Appetite	_____	_____	_____	_____

**DO YOU:**

Now take vitamins or minerals? Yes \_\_\_\_\_ No \_\_\_\_\_

Think you may need vitamins or minerals? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you wearing: Heel lifts \_\_\_\_\_ Sole lifts \_\_\_\_\_  
Inner soles \_\_\_\_\_ Arch Supports \_\_\_\_\_

