STRAIGHTSPINE
upper cervical chiropractic

For office use

File # _____
PHN _____
Billing Type _____

Name _____

Address _____ City _____ Postal Code _____

DOB _____ Home # _____ Work # _____ Cell # _____

E-mail Address _____ Mobile Carrier_____

Name of MD & other practitioners _____

Occupation _____How did you hear about us? _____

How would you like to receive your appointment reminders? ☐ E-mail ☐ Text Message

Medical Services Plan Info: Are you covered under any of these (please check box that applies)

☐ Premium Assistance Medical Coverage (Low income subsidized coverage) ☐ Registered Native Status Coverage
☐ Department of Veterans Affairs Coverage DVA #K_____ ☐ Extended Medical Through Employer/Private

WHAT IS YOUR CHIEF COMPLAINT?_____

Is your problem the result of a specfic accident or injury? (if yes, elaborate) ☐ No ☐ Yes _____

_____

Have you had any diagnostic tests such as X-ray, bone scan, MRI, etc? ☐ No ☐ Yes _____

Has anyone given you a diagnosis for your problem? ☐ No ☐ Yes _____

Have you had any previous treatments for this problem? (if yes, please list) ☐ No ☐ Yes _____

_____

Have you previously seen a chiropractor? (if yes, how many times this year?) ☐ No ☐ Yes _____

Have you had any bad falls or accidents at any time in your life? (if yes, elaborate) ☐ No ☐ Yes _____

_____

Any previous surgeries (if yes, list) ☐ No ☐ Yes _____

Please list any medication or supplements _____

_____

(Females) Any chance you are pregnant? ☐ No ☐ Yes

Systems Review

Do you now, or have you ever, experienced any health problems with your:

Digestive System	☐ No ☐ Yes	_____	Lungs	☐ No ☐ Yes	_____
Heart or Arteries	☐ No ☐ Yes	_____	Urinary System	☐ No ☐ Yes	_____
Reproductive System	☐ No ☐ Yes	_____	Immune System	☐ No ☐ Yes	_____
Brain/Nervous System	☐ No ☐ Yes	_____	Bones or Joints	☐ No ☐ Yes	_____
Eyes/Ears/Nose Throat	☐ No ☐ Yes	_____	Motor Control	☐ No ☐ Yes	_____
Skin	☐ No ☐ Yes	_____			

Are there any other health problems or concerns which have not been mentioned? _____

_____

Signature X_____ **Date** _____