

Welcome to University Chiropractic

Please Print Clearly and Fill in Completely.

Print Name _____ SS# _____

Nickname _____ Email _____

Street Address _____ City _____

State _____ Zip _____ Date of Birth _____ Phone/Cell _____

How did you hear about our clinic? _____

Please Check: Male Female Married Single Please Check: Insurance Yes No

Health History:

Give reason for seeking chiropractic care: _____

Describe any health problems, including how long you've had them: _____

Are you under the care of any other doctor? Yes No

If Yes, the conditions being treated for: _____

List any current Medications: _____

List any past Surgeries & Dates: _____

List any past Accidents & Dates: _____

List any X-Rays you've had in the past 2 yrs: _____

Personal & Family History:

Your Occupation: _____ Work Duties: _____

Hereditary disease/Family Health Problems: _____

Chiropractic History:

Have you ever been to a Chiropractor before? Yes No If yes, Doctor's Name _____

Date of last chiropractic visit _____ Reason for care _____

Date of last chiropractic x-rays _____ How long were you under care? _____

Wellness Commitment:

At our office we are dedicated toward achieving the goal of total lasting health for our patients. To achieve this goal we need to understand your commitment toward being healthy. Based on a scale of 10% to 100% please circle your personal level of commitment toward obtaining and maintaining health and wellness.

10%-----20%-----30%-----40%-----50%-----60%-----70%-----80%-----90%-----100%

Females: Please Check One: Is there a possibility of you being pregnant? Yes No