

Welcome to The Chiropractic Center for Healing!

The following information will help us know you better and is required for your file.

PERSONAL INFORMATION

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
Email address _____ Referred by _____
Person responsible for this account _____ SS# _____ Driver's License # _____
Age _____ Birth date _____ Sex _____ Family Status _____ # of Children _____
Occupation _____ Employer _____ How long? _____
Employer's Address _____
Emergency contact _____ Relation to you _____ Phone # (____) _____

CURRENT STATUS

Is your condition related to an accident? Yes/No If yes, please see insurance section. [link](#) Date of accident _____
Was the accident: Work-related? _____ Automobile related? _____ Other _____
Have you had X-rays in the last five years? Yes /No When? _____ What areas? _____
Describe your diet: _____
How many hours do you sleep per night? _____ Do you wake refreshed? _____
In what positions do you tend to sleep? _____
Describe your physical activity level at work and at leisure: _____

Have you and your work station been evaluated ergonomically? Yes /No

Would you like training in lifting techniques? Yes/No Computer use? Yes/No

What are some areas of joy in your life? _____

What's the best thing that happened to you recently? _____

What's working in the areas of your health, relationships, personal development, career, community? _____

Why does this work for you? _____

What would be ideal? _____

What's not quite ideal yet? _____