Welcome to Anderson Chiropractic & Wellness Center

7 1.0 0 0.1 1 0 0.	bout You			Date:		
Patient Name						
Last		ast		First	M.I.	
Male ☐ F	emale 🗌	I woul	ld prefer to be c	alled:		
Birthdate				SS#		
Street Address				Apartr		
				e		
Home Phone				Mobile		
Email Address						
Occupation						
				How Long?		
Employer Addres						
				Zip Code _		
	☐ Single ☐	Married \square	Divorced	•	ved 🗌	
Spouse's Name				Number of childr	ren?	
Who may we tha	ank for your referral?	?		PCP		
Have you been t	o a chiropractor in t	he past? 🔲 Yes	☐ No	Name		
our Health	n History					
ate of last:		V Day				
Physical Exam		X-Ray	, CT or Bone Scar			
		MRI (
Spinal Exam						
re you taking	any of the follo	wing medications	s? Nerve pills	Pain Killers (including as	 pirin) □Muscle relax	
re you taking	any of the follo Tranquilizers Insu	wing medications	s? Nerve pills		pirin)	
Are you taking Blood thinners	☐ Tranquilizers ☐ Insu	wing medications	S? Nerve pills	Pain Killers (including as	pirin)	
Are you taking Blood thinners lace a mark on	☐ Tranquilizers ☐ Insu	wing medications	S? Nerve pills	□Pain Killers (including as	pirin) ☐ Muscle relax	
are you taking □ Blood thinners [lace a mark on AIDS/HIV	☐ Tranquilizers ☐ Insu "Yes" or "No" to i	wing medications ulin Other (s) ndicate if you've ha	s? Nerve pills	Pain Killers (including as		
are you taking ☐ Blood thinners [lace a mark on AIDS/HIV Allergies	☐ Tranquilizers ☐ Insu "Yes" or "No" to i ☐ Yes ☐ No	wing medications ulin Other (s) ndicate if you've ha	s? Nerve pills ad any of the f	Pain Killers (including as following: Pinched Nerve Polio	☐ Yes ☐ No	
are you taking ☐ Blood thinners [lace a mark on AIDS/HIV Allergies Anemia	☐ Tranquilizers ☐ Insu "Yes" or "No" to i ☐ Yes ☐ No	wing medications ulin Other (s) ndicate if you've had Gout Heart Disease	ad any of the f Yes New No Yes No Yes No Yes No	Following: O Pinched Nerve O Polio O Prostate Issues O Rheum. Arthritis	☐ Yes ☐ No	
Te you taking ☐ Blood thinners Iace a mark on AIDS/HIV Allergies Anemia Arthritis Asthma	☐ Tranquilizers ☐ Insu "Yes" or "No" to i ☐ Yes ☐ No	wing medications ulin Other (s) ndicate if you've had Gout Heart Disease Hepatitis Hernia Herniated Disk	ad any of the f Yes No Yes No Yes No Yes No Yes No Yes No	Following: O Pinched Nerve O Polio O Prostate Issues O Rheum. Arthritis O Sinus Condition	☐ Yes ☐ No	
are you taking ☐ Blood thinners [lace a mark on AIDS/HIV Allergies Anemia Arthritis Asthma Backaches	☐ Tranquilizers ☐ Insu "Yes" or "No" to i ☐ Yes ☐ No	wing medications ulin Other (s) ndicate if you've had Gout Heart Disease Hepatitis Hernia Herniated Disk Migraine Headaches	ad any of the f	Following: Pain Killers (including as properties) Pinched Nerve Polio Prostate Issues Rheum. Arthritis Sinus Condition Stroke	Yes No Yes No Yes No Yes No Yes No Yes No	
are you taking Blood thinners Blood thinners Iace a mark on AIDS/HIV Allergies Anemia Arthritis Asthma Backaches Cancer	☐ Tranquilizers ☐ Insu "Yes" or "No" to i Yes ☐ No Yes ☐ No Yes ☐ No ☐ Yes ☐ No	wing medications ulin Other (s) ndicate if you've had Gout Heart Disease Hepatitis Hernia Herniated Disk Migraine Headaches Other Headaches	ad any of the f	Following: O Pinched Nerve O Polio O Prostate Issues O Rheum. Arthritis O Sinus Condition O Stroke O Thyroid Issues	Yes No Yes No Yes No Yes No Yes No Yes No Yes No	
I Pour Taking I Blood thinners I Blood thinners I Blood thinners I Blood thinners AIDS/HIV Allergies Anemia Arthritis Asthma Backaches Cancer Concussion	☐ Tranquilizers ☐ Insu — "Yes" or "No" to i — Yes ☐ No	wing medications ulin Other (s) ndicate if you've had Gout Heart Disease Hepatitis Hernia Herniated Disk Migraine Headaches Other Headaches Multiple Sclerosis	ad any of the f	Following: O Pinched Nerve O Polio O Prostate Issues O Rheum. Arthritis O Sinus Condition O Stroke O Thyroid Issues O Tuberculosis	Yes No Yes Y	
I Blood taking Blood thinners I Blood thinners I Blood thinners I Blood thinners AIDS/HIV Allergies Anemia Arthritis Asthma Backaches Cancer Concussion Diabetes	☐ Tranquilizers ☐ Insu "Yes" or "No" to i Yes ☐ No	wing medications ulin Other (s) ndicate if you've had Gout Heart Disease Hepatitis Hernia Herniated Disk Migraine Headaches Other Headaches Multiple Sclerosis Muscular Dystrophy	ad any of the f Yes No	Following: O Pinched Nerve O Polio O Prostate Issues O Rheum. Arthritis O Sinus Condition O Stroke O Thyroid Issues O Tuberculosis O Tumors	Yes No Yes No	
Ire you taking I Blood thinners I Blood	☐ Tranquilizers ☐ Insultives ☐ Insultives ☐ No ☐ Yes ☐ No	wing medications ulin Other (s) ndicate if you've had Gout Heart Disease Hepatitis Hernia Herniated Disk Migraine Headaches Other Headaches Multiple Sclerosis Muscular Dystrophy Neuritis	ad any of the f	Following: O Pinched Nerve O Polio O Prostate Issues O Rheum. Arthritis O Sinus Condition O Stroke O Thyroid Issues O Tuberculosis O Ulcers	Yes No Yes Y	
Blood thinners Blood thinners Blood thinners Blace a mark on AIDS/HIV Allergies Anemia Arthritis Asthma Backaches Cancer Concussion Diabetes Digestive Disorder Dizziness/Vertigo	☐ Tranquilizers ☐ Insultive ☐	wing medications ulin Other (s) ndicate if you've had Gout Heart Disease Hepatitis Hernia Herniated Disk Migraine Headaches Other Headaches Multiple Sclerosis Muscular Dystrophy Neuritis Numbness	ad any of the f Yes No	Pain Killers (including as following: Pinched Nerve Polio Prostate Issues Rheum. Arthritis Sinus Condition Stroke Thyroid Issues Tuberculosis Tumors Ulcers Other	Yes No Yes No	
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Blood thinners Blood thinners Blood thinners Blood thinners Blood thinners Backaches Cancer Concussion Diabetes Digestive Disorder Dizziness/Vertigo Emphysema Epilepsy	☐ Tranquilizers ☐ Insultation ☐ Yes ☐ No	wing medications ulin Other (s) ndicate if you've had Gout Heart Disease Hepatitis Hernia Herniated Disk Migraine Headaches Other Headaches Multiple Sclerosis Muscular Dystrophy Neuritis Numbness Osteoporosis	Nerve pills Nerve pills	Following: Pain Killers (including as properties) Pinched Nerve Polio Prostate Issues Rheum. Arthritis Sinus Condition Stroke Thyroid Issues Tuberculosis Tumors Ulcers Other	Yes No Yes No	
Blood thinners Blood thinners Blood thinners Blood thinners Backaches Backaches Cancer Concussion Diabetes Digestive Disorder Dizziness/Vertigo Emphysema Epilepsy Fractures	☐ Tranquilizers ☐ Insultation ☐ Yes ☐ No	wing medications ulin Other (s) ndicate if you've had Gout Heart Disease Hepatitis Hernia Herniated Disk Migraine Headaches Other Headaches Multiple Sclerosis Muscular Dystrophy Neuritis Numbness Osteoporosis Pacemaker Parkinson's Disease	Nerve pills Nerve Ne	Following: Pain Killers (including as properties) Pinched Nerve Polio Prostate Issues Rheum. Arthritis Sinus Condition Stroke Thyroid Issues Tuberculosis Tumors Ulcers Other	Yes No Yes No	
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Your Concerns

What is your major complaint or concern?
When did your symptoms appear? Are your symptoms
What treatment have you already received for your condition?
Other doctor(s) that treated you for this condition: Rate the severity of your pain on a scale from 1 (least pain) to 10 (most pain)
Type of pain: Sharp Dull Throbbing Aching Shooting Burning Numbness Tingling Stiffness Other
Place appropriate highlighted letters to mark the areas of discomfort
How often do you have this pain? ☐ +75% constant ☐50-75% Frequent ☐25-50% Occasional ☐ <25% Intermit Does it interfere with
Other comments or concerns regarding your condition:
Name of party responsible for payment Phone
Name of party responsible for payment Phone Do you have health insurance? Name of company
*If an auto accident, please provide:
Insurance Company Name Contact Person Phone: Claim #
Thone.
Patient Signature:
If patient is under 18: Guardian Signature Date