Patient Demographics

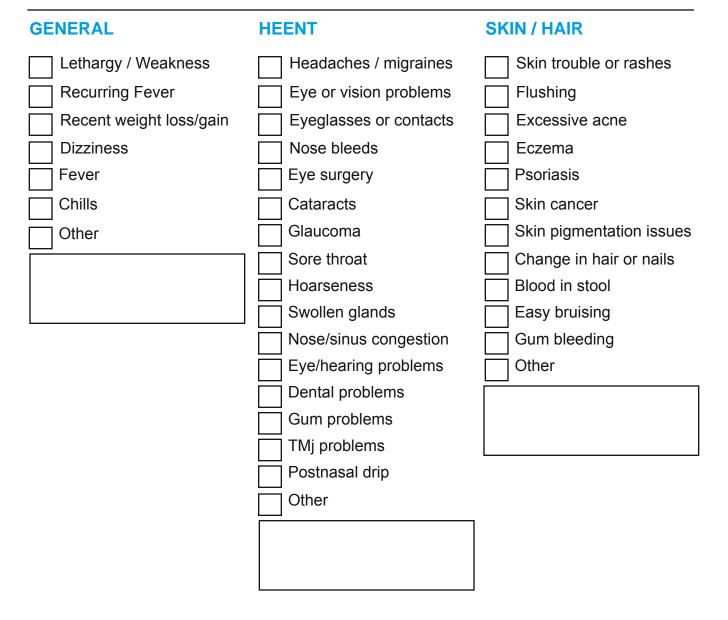
First Name*	Last Name*	Date Of Birth*		
Home Phone*	Mobile Phone	Other Phone		
Gender*	Email	Preferred Communication		
Street Address 1*				
Street Addresss 2				
Zip*	City*	State*		
Emergency Information				
Emergency Contact Name	Emergency Contact F	Phone Relationship		
Employment Information				
Employer				
Street Addresss 1				
Street Addresss 2				
Zip	City	State		
Phone Number	Fax Number	Email		
Job Title	Position			

Insurance Information

Insurance Company*		
Insurance ID Number*	Group Numb	er
L Plan Name		
Financially Responsib	le Party	
Responsible Party*		
First Name*	Last Name*	Date Of Birth*
Home Phone*	Mobile Phone	Other Phone
Gender*	Email	
Street Address 1*		
Street Addresss 2		
Zip*	City*	State*
Lifestyle		
Tobacco Use		Effective Date
Alcohol Use		Effective Date
Activity Level		Effective Date

Hospitalizations	
Surgeries	
Prior Accidents / Injuries	
Ongoing Illness	
Allergies	
Current Medications	
Family History	
Previous Tests	
Medical Procedures	
Nutritional Supplements	
Prior Chiropractic Care	
Additional Information	

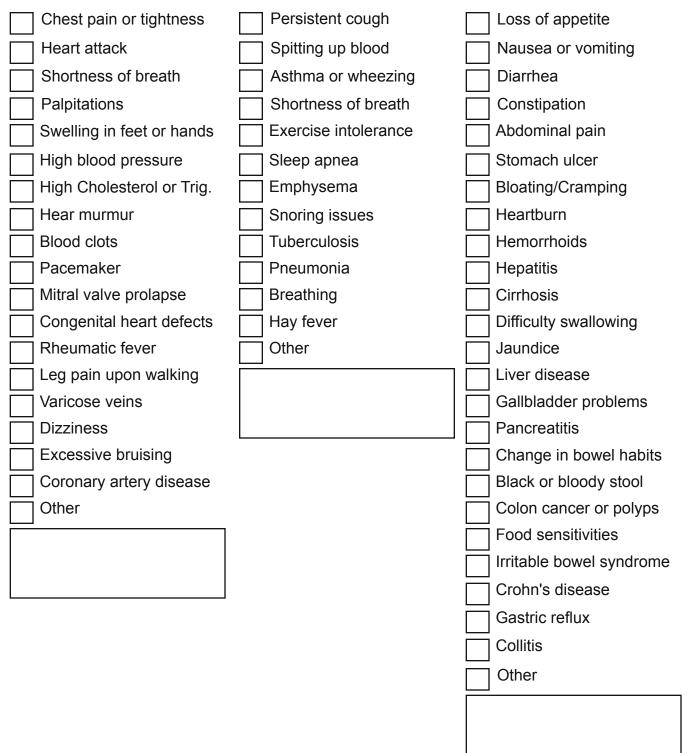
Review of Systems



CARDIOVASCULAR

RESPIRATORY

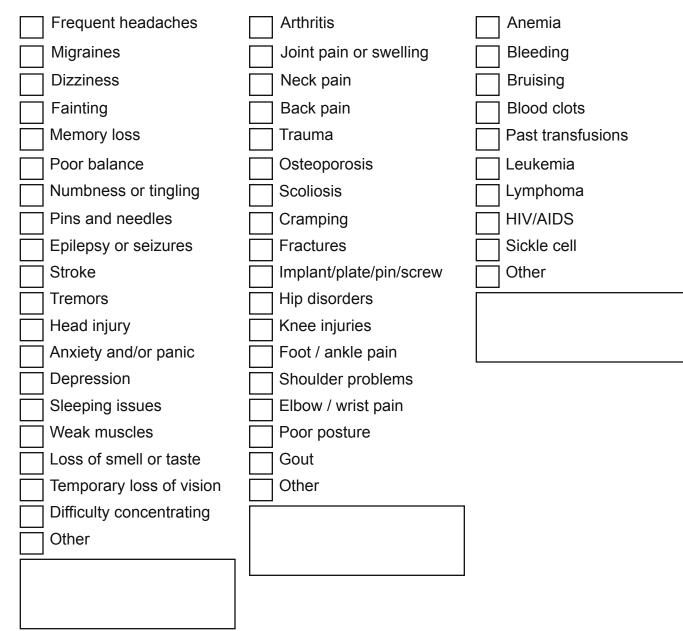
GASTROINTESTINAL



NEUROLOGICAL

MUSCULOSKELETAL

BLOOD / LYMPH



ALLERGIES PSYCHIATRIC ENDOCRINE Alzheimer's Disease Seasonal Diabetes Thyroid problems Medication Insomnia Difficulty concentrating Food Sweating Other Memory loss/confusion Heat intolerant Depression Cold intolerant Anxiety Weight loss Agitation/irritability Weight gain Suicidal thoughts Frequent urination Chemical dependency Excessive thirst Other Change in appetite Hair changes Hyperthyroidism Hormonal/glandular prob Hyperparathyroidism URINARY MALE Testosterone deficiency Cushing's syndrome Painful/frequent urination Dribbling Steroid treatments Incontinence Loss of libido Other Erectile dysfunction Hesitancy Urgency Sexually trans disease Blood in urine Testicular pain or lumps Prostate disease Kidney stones Penile discharge Urinary infections Bladder complaints Other Other

FORM 2018.1