

New Patient Form

Patient Demographics

First Name*

Last Name*

Date Of Birth*

Home Phone*

Mobile Phone

Other Phone

Gender*

Email

Preferred Communication

Street Address 1*

Street Address 2

Zip*

City*

State*

Emergency Information

Emergency Contact Name

Emergency Contact Phone

Relationship

Employment Information

Employer

Street Address 1

Street Address 2

Zip

City

State

Phone Number

Fax Number

Email

Job Title

Position

New Patient Form

Insurance Information

Insurance Company*

Insurance ID Number*

Group Number

Plan Name

Financially Responsible Party

Responsible Party*

First Name*

Last Name*

Date Of Birth*

Home Phone*

Mobile Phone

Other Phone

Gender*

Email

Street Address 1*

Street Address 2

Zip*

City*

State*

Lifestyle

Tobacco Use

Effective Date

Alcohol Use

Effective Date

Activity Level

Effective Date

New Patient Form

Medical History

Hospitalizations

Surgeries

Prior Accidents / Injuries

Ongoing Illness

Allergies

Current Medications

Family History

Previous Tests

Medical Procedures

Nutritional Supplements

Prior Chiropractic Care

Additional Information

New Patient Form

Review of Systems

GENERAL

- Lethargy / Weakness
- Recurring Fever
- Recent weight loss/gain
- Dizziness
- Fever
- Chills
- Other

HEENT

- Headaches / migraines
- Eye or vision problems
- Eyeglasses or contacts
- Nose bleeds
- Eye surgery
- Cataracts
- Glaucoma
- Sore throat
- Hoarseness
- Swollen glands
- Nose/sinus congestion
- Eye/hearing problems
- Dental problems
- Gum problems
- TMj problems
- Postnasal drip
- Other

SKIN / HAIR

- Skin trouble or rashes
- Flushing
- Excessive acne
- Eczema
- Psoriasis
- Skin cancer
- Skin pigmentation issues
- Change in hair or nails
- Blood in stool
- Easy bruising
- Gum bleeding
- Other

New Patient Form

CARDIOVASCULAR

- Chest pain or tightness
- Heart attack
- Shortness of breath
- Palpitations
- Swelling in feet or hands
- High blood pressure
- High Cholesterol or Trig.
- Hear murmur
- Blood clots
- Pacemaker
- Mitral valve prolapse
- Congenital heart defects
- Rheumatic fever
- Leg pain upon walking
- Varicose veins
- Dizziness
- Excessive bruising
- Coronary artery disease
- Other

RESPIRATORY

- Persistent cough
- Spitting up blood
- Asthma or wheezing
- Shortness of breath
- Exercise intolerance
- Sleep apnea
- Emphysema
- Snoring issues
- Tuberculosis
- Pneumonia
- Breathing
- Hay fever
- Other

GASTROINTESTINAL

- Loss of appetite
- Nausea or vomiting
- Diarrhea
- Constipation
- Abdominal pain
- Stomach ulcer
- Bloating/Cramping
- Heartburn
- Hemorrhoids
- Hepatitis
- Cirrhosis
- Difficulty swallowing
- Jaundice
- Liver disease
- Gallbladder problems
- Pancreatitis
- Change in bowel habits
- Black or bloody stool
- Colon cancer or polyps
- Food sensitivities
- Irritable bowel syndrome
- Crohn's disease
- Gastric reflux
- Colitis
- Other

New Patient Form

NEUROLOGICAL

- Frequent headaches
- Migraines
- Dizziness
- Fainting
- Memory loss
- Poor balance
- Numbness or tingling
- Pins and needles
- Epilepsy or seizures
- Stroke
- Tremors
- Head injury
- Anxiety and/or panic
- Depression
- Sleeping issues
- Weak muscles
- Loss of smell or taste
- Temporary loss of vision
- Difficulty concentrating
- Other

MUSCULOSKELETAL

- Arthritis
- Joint pain or swelling
- Neck pain
- Back pain
- Trauma
- Osteoporosis
- Scoliosis
- Cramping
- Fractures
- Implant/plate/pin/screw
- Hip disorders
- Knee injuries
- Foot / ankle pain
- Shoulder problems
- Elbow / wrist pain
- Poor posture
- Gout
- Other

BLOOD / LYMPH

- Anemia
- Bleeding
- Bruising
- Blood clots
- Past transfusions
- Leukemia
- Lymphoma
- HIV/AIDS
- Sickle cell
- Other

New Patient Form

ALLERGIES

- Seasonal
- Medication
- Food
- Other

PSYCHIATRIC

- Alzheimer's Disease
- Insomnia
- Difficulty concentrating
- Memory loss/confusion
- Depression
- Anxiety
- Agitation/irritability
- Suicidal thoughts
- Chemical dependency
- Other

ENDOCRINE

- Diabetes
- Thyroid problems
- Sweating
- Heat intolerant
- Cold intolerant
- Weight loss
- Weight gain
- Frequent urination
- Excessive thirst
- Change in appetite
- Hair changes
- Hyperthyroidism
- Hormonal/glandular prob
- Hyperparathyroidism
- Testosterone deficiency
- Cushing's syndrome
- Steroid treatments
- Other

URINARY

- Painful/frequent urination
- Incontinence
- Hesitancy
- Urgency
- Blood in urine
- Kidney stones
- Urinary infections
- Bladder complaints
- Other

MALE

- Dribbling
- Loss of libido
- Erectile dysfunction
- Sexually trans disease
- Testicular pain or lumps
- Prostate disease
- Penile discharge
- Other