

# Wheelwright Chiropractic

## New Client Information

How did you hear about us? \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home( ) \_\_\_\_\_ Work( ) \_\_\_\_\_ Cell( ) \_\_\_\_\_

Email (for your free birthday adjustments) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_ Sex M / F Height \_\_\_\_\_ Weight \_\_\_\_\_

Overall Health (circle one) Excellent / Good / Fair / Poor / Other: \_\_\_\_\_

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### Complaints:

#1)

#2)

#3)

#4)

Is chief complaint due to accident? Yes / No Type: Auto / Work / Home / Other

Previous treatments for this condition \_\_\_\_\_

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Current medications/drugs being taken \_\_\_\_\_

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Allergies \_\_\_\_\_

Nutritional supplements you are taking \_\_\_\_\_

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Are you currently under care of a physician or other health care professional? (If yes, please give name and date of last visit) \_\_\_\_\_

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Do you smoke, drink coffee or alcohol? (If yes, indicate amount and frequency)

Cigarettes \_\_\_\_\_ Coffee \_\_\_\_\_ Alcohol \_\_\_\_\_

How would you rate your exercise and activity level? (circle one)

None / Light / Moderate / Daily / Heavy

Initial \_\_\_\_\_ Date \_\_\_\_\_

## Medical History:

List any major illnesses (with appropriate dates) \_\_\_\_\_

List any surgeries or operations (with dates) \_\_\_\_\_

List any major accidents or injuries (with dates) \_\_\_\_\_

Marital Status: S / M / D / W      Name of Spouse \_\_\_\_\_

Family history of any serious illness (if yes, who and what) \_\_\_\_\_

Insurance company: \_\_\_\_\_

Policy holder: \_\_\_\_\_ Policy holders birth date: \_\_\_\_\_

Policy # \_\_\_\_\_ Group# \_\_\_\_\_

Policy holders SS# \_\_\_\_\_

By signing below I certify that all above information is correct. I also give my permission to bill my insurance company. I also understand that I am financially responsible for any care received.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_

## Office use only:

#1)

#2)

#3)

#4)

O:

P:

Q:

R:

S:

T:

Anything else about condition we should know?

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