

Ford Family Chiropractic

Name _____ Date of Birth ___/___/___ Today's Date ___/___/___

Address _____ City _____

State _____ Zip Code _____ Social Security # _____ - _____ - _____

Home # _____ Work # _____ Cell # _____

E-mail Address _____

Occupation _____ Employer _____

Employers Address _____ City _____

State _____ Zip _____

Male ___ Female ___ Single ___ Married ___

Reason for consulting our office today?

Whom may we thank for referring you?

*****Why This Form is Important: As a Family oriented Chiropractic Office, we focus on helping maximally express you health potential.

Addressing the issues that brought you into our office

If you have no symptoms or complaints and you are here for Wellness Care, please check here ____.

Reason for visit? _____

Is the pain: sharp ___ dull ___ constant ___ radiating ___

Is it getting: better ___ worse ___ What makes it better/worse? _____

Did you have an injury? _____ Explain? _____

How long have you had this problem? _____

Other treatment/doctors that you have tried for this condition:

Chiropractor _____

Medical Doctor _____

Other _____

*******Please Check all recurring symptoms that you have experienced**

__Headaches/Migraines

__Jaw/TMJ Problems

__Allergies/Sinuses

__Dizziness

__Numbness in toes

__Irritability

__Numbness in fingers

__Depression

__Shortness of Breath

__Fatigue

__Neck stiffness/pain

__Infertility/Impotence

__Sleeping problems

__Back stiffness/pain

__Hot Flashes

*******Family Health Profile**

In our office, we are not only interested in your health and wellbeing, but also in that of you family and loved ones. Please mention any health conditions or concerns you may have about your:

Children _____

Spouse _____

Parents _____

Other _____

Signed _____ **Date** _____