

# Chiropractic Intake Form

Patient information	
Full name:	Date of birth:
Phone number:	Email address:
Address	
City:	
State:	
ZIP code:	
Reason for seeking chiropractic care:	
Specific concerns or symptoms:	
Background information (e.g., injury details, previous treatments):	
Emergency contact information	
Name:	
Phone number:	
Email:	
Health history	
Do you have any past or current medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify:	

**Are you currently taking any medications?**  Yes  No

If yes, please list:

**Have you undergone any surgeries?**  Yes  No

If yes, please list:

**Physical health conditions (select all that apply)**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Hypertension       | <input type="checkbox"/> Leg pain        | <input type="checkbox"/> Chronic cough      | <input type="checkbox"/> Seizure        |
| <input type="checkbox"/> Diabetes mellitus  | <input type="checkbox"/> Kidney disorder | <input type="checkbox"/> Back pain          | <input type="checkbox"/> Asthma         |
| <input type="checkbox"/> Spasms/cramps      | <input type="checkbox"/> Heart issues    | <input type="checkbox"/> Infectious disease | <input type="checkbox"/> Hip pain       |
| <input type="checkbox"/> Constipation       | <input type="checkbox"/> Bone problems   | <input type="checkbox"/> Rashes             | <input type="checkbox"/> Vision problem |
| <input type="checkbox"/> Spinal cord issues | <input type="checkbox"/> Sprains         | <input type="checkbox"/> Blood clotting     | <input type="checkbox"/> Other:         |
| <input type="checkbox"/> Neck pain          | <input type="checkbox"/> Arthritis       | <input type="checkbox"/> Varicose veins     |   |

**Insurance details**

Insurance provider:

Policy number:

**Referral source**

**How did you hear about us?**

- Friend/family
- Online search
- Social media
- Other:

By signing below, I confirm that the information provided is accurate to the best of my knowledge.

**Signature:**

**Date:**