

# Chiropractic Patient Intake Form

## Personal Information

First Name

Last Name

Date of Birth

Gender

Phone

Email

Address

City

State/Province

ZIP/Postal Code

## Emergency Contact

Name

Relationship

Phone

## Insurance Information

Insurance Provider

Policy Number

Name of Insured

## Health Information

What is your primary complaint?

When did this problem begin?

Have you had previous treatment for this condition?

Current Medications

Allergies

## Medical History

Hospitalizations/Surgeries

Please check any conditions you have had (or currently have):

☐

Arthritis

☐

Cancer

☐

Diabetes

☐

Heart Disease

☐

Stroke

☐

Other  
Other Conditions

Lifestyle

Do you smoke?

Do you consume alcohol?

Do you exercise?

Additional Information

Is there anything else you would like the doctor to know?