



YOUR HEALTH. OUR PASSION. 4674 Coral Ridge Drive • Coral Springs, Florida 33076 • P 954.369.1212 • F 954.757.2009

Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 E-mail \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Married (Spouse's Name \_\_\_\_\_)  Single  Divorced  Widowed  
 Children's Names/ Ages \_\_\_\_\_  
 Whom may we thank for referring you? \_\_\_\_\_  
 Emergency Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Have you had Chiropractic care before?  No  Yes- When/Where? \_\_\_\_\_  
 If you are leaving area for extended periods, when are you leaving: \_\_\_\_\_ Returning \_\_\_\_\_

**HOW CAN WE SERVE YOU?**  I have no complaints. I am here for a wellness check up.  
**Subluxations (spinal misalignments) cause most of the unwanted health conditions people suffer from everyday. Subluxations affect your nervous system, which affects your health.**

**1. What is your *first* health concern?** \_\_\_\_\_ First occurrence date: \_\_\_\_\_  
 Subluxations irritate nerve fibers causing various sensations. Which describes yours?  
 Sharp  Dull  Throbbing  Burning  Aching  Stabbing  Numbness  
 Depending on the type and degree of subluxation, nerve pressure can be constant or occasional.  
 How often is yours concern?  Constant  Occasional

**2. What is your *second* health concern?** \_\_\_\_\_ First occurrence date: \_\_\_\_\_  
 Subluxations irritate nerve fibers causing various sensations. Which describes yours?  
 Sharp  Dull  Throbbing  Burning  Aching  Stabbing  Numbness  
 Depending on the type and degree of subluxation, nerve pressure can be constant or occasional.  
 How often is your concern?  Constant  Occasional

**Please list medications you are currently taking (prescriptions AND over the counter).**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**Please list all surgeries** \_\_\_\_\_

**Please check all that apply.**

**Neurological**

- headaches
- numbness Where? \_\_\_\_\_
- Irritable
- nervousness
- tremors
- allergies
- seizures
- depression
- fatigue
- sleeping problems
- unexplained weight loss
- loss of balance
- dizziness

**Cardio-Vascular**

- high blood pressure
- low blood pressure
- rapid heartbeat
- slow heartbeat
- swelling of the ankles
- chest pain

**Eyes, Ears, Nose & Throat**

- frequent cold
- hearing loss
- asthma
- ear aches
- ringing in the ears
- sinus infections
- thyroid trouble

**Gastro Intestinal**

- diarrhea
- constipation
- colon trouble
- loss of bowel control
- difficult digestion
- acid reflux
- nausea/vomiting

**Genito-Urinary**

- bed wetting
- frequent urination
- loss of urine control
- kidney infection
- prostate trouble
- failing vision

**Respiratory**

- asthma
- chronic cough
- sleep apnea

**For Women Only**

- menstrual problems
- infertility
- Pregnant
- Due Date \_\_\_\_\_
- Do You Have**
- cancer
- heart disease
- diabetes

OFFICE USE  
 PT ID  
 \_\_\_NPE  
 \_\_\_M  
 \_\_\_Sub 60  
 \_\_\_Sub 55  
 \_\_\_In  
 \_\_\_Sp