NEW PATIENT INFORMATION

Full Name: ____ SS#:____________________________

Date of Birth: ___________________ Age: _______ Sex: Male/Female

Address: ____ City: ________________ Zip: ____________

Home Phone: _________________________ Occupation/Employer: ____________________________

Cell Phone: __________________________ ☐ Send me txt messages for appts. Cell Carrier:_______________

Spouse's Name: ___________________________

Emergency Contact Person: _________________________ Emergency Contact Phone: ____________________

Name of Primary Care Physician: ______________________________

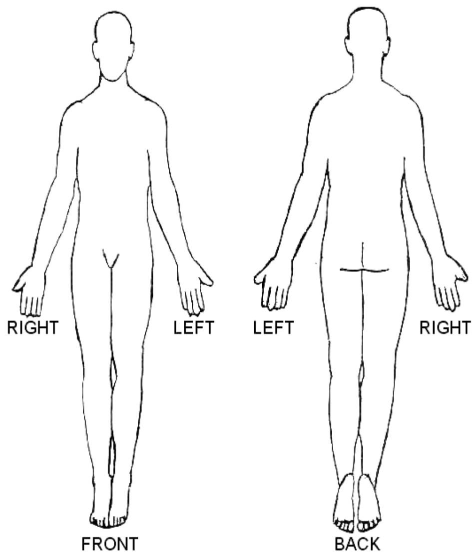
Who referred you to our office? _______________________________

Email: ____

COMPLAINTS

What is your major complaint? ____

Mark an X on the picture where you have pain, numbness, tingling, etc.



Height: __________ Weight: __________

HEALTH HISTORY

List any broken bones or joint dislocations: ____________________________________ Date: _______________

List any surgeries or hospitalizations: ____ Date: _______________

List any serious falls/injuries: ____ Date: ________________

List any serious auto accidents: ____ Date: ________________

List any current or past illnesses: ____ Date: ________________

List any medications: ____

Are you pregnant? _________ If yes, what is your due date? __________________

Check if you currently have or have had any of the following:

Heart Disease		Fever (recent)		Fainting Spells		Light Sensitivity		Loss of Taste/Smell	
Diabetes		Cold Sweats		Dizziness		Excessive Thirst		Arthritis	
Smoker		Nervousness		Extreme Fatigue		Stiffness in Joints		Cancer	
Visual Disturbances		Difficulty Urinating		Loss of Balance		Hands stay Cold		Gout	
Chest Pain		Urine Discoloration		Upset Stomach		Feet stay Cold		Bulging Disc	
Shortness of Breath		Speech Difficulty		Diarrhea		Numbness in Arms		High Cholesterol	
Ringing in Ears		Loss of Memory		Constipation		Numbness in Legs		Osteoporosis	
Irritability		Sleeping Problems		Rapid Weight Change		Pinched Nerve		Stroke	
Face Flushed		Tension/High Stress		Headaches		Depression		Pacemaker	