

LIFE FIRST

CHIROPRACTIC CENTER

PERSONAL HISTORY

Date: _____ Social Security #: _____ Driver's License #: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Birthdate: _____ Age: _____ Sex: M F Ht. _____ Wt. _____

Business/Employer: _____ Type of Work: _____

Check One: Married Single Widowed Divorced Separated No. of Children _____

Name of Emergency Contact: _____ Phone No.: _____

Referred to this office by: _____

Who is responsible for your bill: Self Spouse Workman's Comp. Medicaid Medicare

Auto Insurance Personal Health Insurance Other Medicare # _____

Method of payment for today's services: Cash Check M/C Visa AMEX Discover

HOW CAN WE SERVE YOU?

Purpose of this appointment: _____

I have no complaints. I am here for a wellness check up. **Subluxations** (spinal misalignments) **Cause Dis-ease** and serious unwanted health conditions people suffer from everyday. **Subluxations** will affect your health by **Reducing LIFE** to the body.

1.) **What is your first health concern?** _____ First occurrence date: _____

Subluxations irritate nerve fibers causing various sensations. Which describes yours?

Sharp Dull Throbbing Burning Mild
 Aching Stabbing Numbness Radiating Moderate Severe

Depending on the type an degree of **subluxation**, nerve pressure can be felt at various frequencies.

How frequent is your concern? Constant Frequent On & Off Occasional Daily

2.) **What is your second health concern?** _____ First occurrence date: _____

Subluxations irritate nerve fibers causing various sensations. Which describes yours?

Sharp Dull Throbbing Burning Mild
 Aching Stabbing Numbness Radiating Moderate Severe

Depending on the type an degree of **subluxation**, nerve pressure can be felt at various frequencies.

How frequent is your concern? Constant Frequent On & Off Occasional Daily

Taking appropriately prescribed drugs is the 3rd leading cause of death in this country. List the ones you take.

- | | | |
|-----------|-----------|------------|
| 1.) _____ | 5.) _____ | 9.) _____ |
| 2.) _____ | 6.) _____ | 10.) _____ |
| 3.) _____ | 7.) _____ | 11.) _____ |
| 4.) _____ | 8.) _____ | 12.) _____ |

