

Welcome back to our office - It has been awhile since you were here. We want to provide you with the best possible care we can. To help us do just that, we ask that you update your information with us.

Name: _____ Date: _____

Same Address? YES or NO unsure

New Address: _____ Postal Code _____

New Phone Number: (H) _____ (W) _____

Email address: _____

*Please note that we collect your email address so that we may send you receipts, appointment reminders or contact you for a specific/urgent reason. If you would like to be added to our newsletter mailing list please check here _____.

INJURIES SINCE YOUR LAST VISIT?

- None
- Auto Accident: Date of Accident: _____
- Slips/Falls: Comments: _____
- X-rays: _____ Location taken: _____
- Hospitalizations since last visit? YES or NO
For what reason? _____

Other _____

SURGERIES SINCE YOUR LAST VISIT? YES or NO

If yes, type of Surgery: _____

Medication(s) currently taking? _____

Do you have **specific complaints**? _____

Have you seen any other health care provider for this complaint?

How is this affecting your day to day living?

Are you currently pregnant or have you had a pregnancy since your last visit?

Have you seen another Chiropractor since your last visit? YES or NO

If yes: Approximately how many visits? _____

Please read and sign the reverse side. We thank you for your cooperation.