PRINCIPLED CHIRO
Health From Within

Application For Care: Welcome to our office

Date:_____

Name:_____ Preferred Name:_____

Address:_____

Phone: (home)_____(mobile)_____

Email:_____

Birthday:_____ Age:_____

Occupation:_____ Employer:_____

Is it ok to contact you at work? ☐ No ☐ Yes Work #:_____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Spouse's Name:_____ Phone:_____

Children's Names and Ages:_____

_____

Emergency Contact: (name)_____(relation)_____

(phone)_____

What Brings You Here?

Have you ever had chiropractic before? ☐ No ☐ Yes

If Yes, please tell us who _____ Phone _____

Were you please with your care? ☐ No ☐ Yes

How did you hear about our office?_____

Is this visit related to ☐ work ☐ sports ☐ auto ☐ personal injury ☐ other_____

When did the incident occur? _____

Are you receiving care from any other health professionals? ☐ No ☐ Yes

If yes, please name them and their specialty: _____

_____

Please list any drugs or medications you are taking: _____

_____

_____

Please list any vitamins/herbs/homeopathics you are taking: _____

_____

_____

Are you pregnant: ☐ No ☐ Yes ☐ Maybe If Yes, what month? _____

Current Health

What are your pressing health concerns? _____

_____

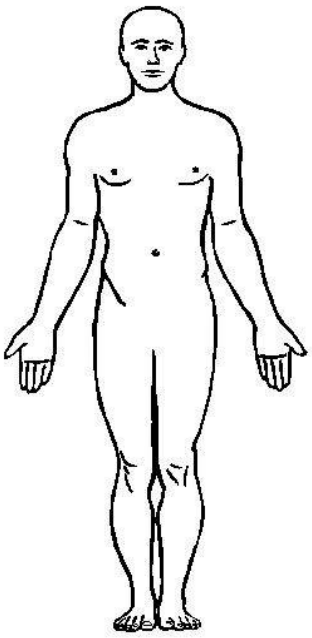
_____

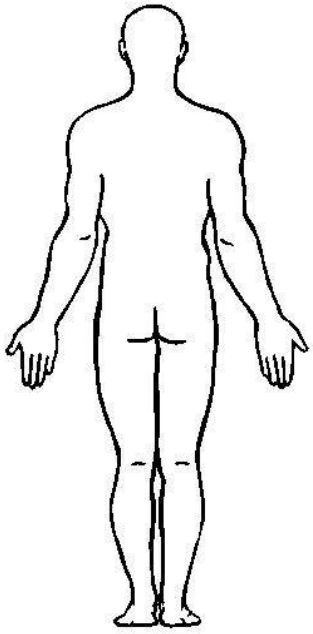
_____

When did this concern begin? _____

Is it ☐ Constant ☐ Frequent ☐ Occasional ☐ Getting Better ☐ Getting Worse

Where is the problem? Please use illustrations and lines to explain.





Front:_____

_____

_____

_____

_____

_____

_____

Back:_____

_____

_____

_____

_____

_____

_____

Do you have ☐ Pain ☐ Numbness ☐ Tingling ☐ Aches

Is your pain ☐ Sharp ☐ Dull ☐ Throbbing ☐ Shooting ☐ Localized

Are your symptoms affected by ☐ Sitting ☐ Standing ☐ Walking

☐ Bending ☐ Lying Down ☐ Other

Please Explain:_____

_____

Do you feel ☐ Cramps ☐ Burning ☐ Stiffness ☐ Swelling ☐ Other

Please Explain:_____

_____

On a scale 1-10 (1 Lease, 10 Most) please rate:

The severity of your symptoms 1 2 3 4 5 6 7 8 9 10 ●

Health History

Do you, or have you had, any of the following? Please check any that apply.

☐ Pneumonia ☐ Mumps ☐ Rheumatic Fever ☐ Smallpox ☐ Polio

☐ Pleurisy ☐ Chickenpox ☐ Thyroid Disease ☐ Diabetes ☐ Epilepsy

☐ Cancer ☐ Depression ☐ Whooping Cough ☐ Anemia ☐ Eczema

☐ Measles ☐ Arthritis ☐ Heart Disease ☐ Colitis ☐ Stroke

☐ Fibromyalgia ☐ Allergies _____

If you have ever been diagnosed with another disease or condition, please describe:_____

_____

Do you drink ☐ Coffee ☐ Tea ☐ Alcohol ☐ Soda

Do you use ☐ Cigarettes ☐ Recreational Drugs ☐ Artificial Sweeteners

Have you ever suffered from (please check all that apply)

☐ Neck Pain	☑ Vision Problem	☐ Excessive Appetite	☐ Heartburn
☐ Low Back Pain	☐ Hearing Problem	☐ Nervousness	☐ Irritable Bowel
☐ Headache	☐ Abnormal BP	☐ Confusion	☐ Black or Bloody Stool
☐ Migraines	☐ Irregular Heartbeat	☐ Excessive Thirst	☐ Constipation
☐ Numbness/tingling	☐ Ankle Swelling	☐ Frequent Nausea	☐ Hemorrhoids
☐ Shoulder pain	☐ Cold Extremities	☐ Prostate Problems	☐ Liver Problems
☐ Arm/Hand Pain	☐ Blurred Vision	☐ Breast Pain/Lump	☐ Paralysis
☐ Leg/Foot Pain	☐ Difficulty Breathing	☐ Cramps	☐ Fatigue
☐ Jaw Pain	☐ Stuffy Nose	☐ Painful Urination	☐ Dizziness
☐ Chest Pain	☐ Fainting	☐ Excessive Urination	☐ Loss of Sleep
☐ Lung Problem	☐ Weight Loss	☐ Discolored Urine	☐ Ear Pain
☐ Heart Problem	☐ Poor Appetite	☐ Bloating After Meals	☐ Frequent Infections

☐ Other: _____

Past injuries can affect present health (please check all that apply)

☐ Falls/Accidents	☐ Head Injuries	☐ Sports Injuries	☐ Broken Bones
☐ Surgery	☐ Dislocations	☐ Spinal Tap	☐ Knocked Unconscious
☐ Challenging Birth	☐ Other _____		

Financial Responsibility

Who is responsible for payment?_____

How do you plan to pay? ☐ Cash ☐ Check ☐ Credit ☐ Medicare

The above is accurate to the best of my knowledge

_____ _____

Signature *Date*

I, parent/guardian, give permission for my minor's care

_____ _____

Signature *Date*

PRINCIPLED CHIRO
Health From Within

100 Sansburys Way, 110 West Palm Beach, FL 33411
561.791.2225 www.LivePrincipled.com