

Healthy Balance Chiropractic New Patient Application

Welcome to our practice! Please thoroughly complete all questions. Thank you!

Name: _____ Today's Date: _____

Address: _____

City/State/Zip: _____

Email: _____

Home Phone: _____ Cell: _____ Work: _____

Birthdate: ___ / ___ / ___ Age: _____ Social Security #: _____

Who may we thank for referring you? _____

Occupation: _____

Employer: _____

Employer Address: _____

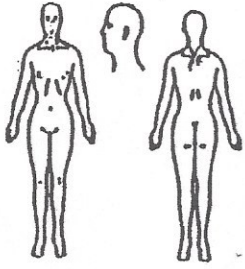
When was the last time you visited a Chiropractor? _____

When was the last time you visited your General Practitioner? _____

Health Reasons for consulting our office:

1. _____ 2. _____
3. _____ 4. _____

Mark area(s) of health concerns



Have you had similar problem(s) before? Yes No

How long? _____

Please explain: _____

Any family members with similar issues? _____

Is this the result of an auto or work injury? Yes No

If so, when? _____

Other doctors who have treated this problem? _____

Surgeries you had: _____

Medication (s) you currently take: _____

Is there any chance you are pregnant? Yes No

Have you ever been diagnosed with cancer? Yes No

If so, what type? _____

Do you have health insurance? Yes No

Provider Name: _____

The above information is true and accurate to the best of my knowledge. My reason for the consultation with the doctor is for evaluation of my physical health and the potential for improvement.

Patient or Guardian Signature: _____ Date : ____/____/____