

Advanced Chiropractic & Wellness Center
600 Portage Trail, Cuyahoga Falls, OH 44223 Phone (330) 928-3065

NEW PATIENT INFORMATION FORM

Name: _____ Date: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

REFERRED BY: _____

Occupation: _____ Employer: _____

Date of Birth: _____ Age: ____ Sex: M/F Height: ____ Weight: ____

Overall Health (circle one): Excellent/Good/Fair/Poor/ Other: _____

Chief complaint: _____

Previous treatments for this complaint: _____

Other complaints or problems: _____

Current Medications/drugs: _____

Are you currently under the care of a physician or other health care professional? _____

If yes, please give name and date of last visit _____

Nutritional supplements you are taking: _____

Do you smoke, drink coffee or alcohol? *If yes, please indicate how much*

Cigarettes: _____ Coffee: _____ Alcohol: _____

Office Use Only:

Subjective

Objective

Plan

Advanced Chiropractic & Wellness Center
600 Portage Trail, Cuyahoga Falls, OH 44223 Phone (330) 928-3065

NEW PATIENT INFORMATION FORM

Name: _____ Date: _____

HISTORY:

List any major illnesses (with approx dates): _____

List any surgeries or operations with approx dates: _____

Past accidents or injuries: _____

Marital Status: S M D W Name of Spouse: _____

Describe health of spouse: _____ Number of any children, if any: _____

Name of child	Age	Sex	Any Conditions/Concerns?
_____	_____	M/F	_____
_____	_____	M/F	_____
_____	_____	M/F	_____

Any family history of serious illnesses? (circle those that apply): Cancer/Diabetes/Heart/Other:

Any household pets or other animals you or family members are in close contact with:

What can we do to make you happier? _____

SIGNED: _____ DATE: _____