

25272 McIntyre St Suite H • Laguna Hills, California 92653 • P 949.215.4349 •

| Name | 🗆 Male | 🛮 🗆 Female Age D | ate of Birth | |
|--|---|---|---|-----------------------|
| | Cell Phone_ | | | |
| Address | | City | StateZ | ip Code |
| E-mail | | Social Security N | umber | · |
| Occupation Employer Divorced Using Widowed | | | | |
| □ Married (Spouse's Na | me | _) 🗆 Single 🗆 D | ivorced 🛚 | □ Widowed |
| Children's Names / Ages | S | | | |
| Whom may we thank for | or referring you? | | | |
| Emergency Contact Per | son | Phone I | Number | |
| Have you had Chiroprac | ctic care before? 🗆 No 🗆 | res- wnen/wnere? | | |
| If you are leaving area | for extended periods, w | hen are you leaving:_ | Re | turning |
| HOW CAN WE SERVE Y | OU? 🗆 l ha | ve no complaints. 🗖 | am here for | a wellness check up. |
| Subluxations (spinal m | isalignments) can caus | e many of the unwant | ted health co | nditions people suffe |
| from everyday. Sublu | uxations affect your ne | rvous system, which a | affects your h | nealth. |
| 4 340 4 4 6 4 4 | 141 2 | - | | 1. |
| 1. What is your <i>first</i> n | ealth concern? | F1 | rst occurrenc | e date: |
| | erve fibers causing vario | | | |
| • | □ Throbbing □ Burr | • | • | |
| | and degree of subluxati | | be constant | or occasional. |
| How often is yours cond | cern? Constant | □ Occasional | | |
| Subluxations irritate ne Sharp Dull | nd health concern? erve fibers causing vario Throbbing Burr | us sensations. Which d าing 🗆 Aching | escribes your: Stabbing | s? |
| Depending on the type | and degree of subluxati | ion, nerve pressure car | be constant | or occasional. |
| How often is your conce | ern? 🗆 Constant | □ Occasional | | |
| | | | | |
| | s you are currently tak | | | |
| Please list all surgeries | s | | | |
| Please check all that a | ipply. | | | |
| Neurological | Cardio-Vascular | Gastro Intestinal | Respirator | y |
| □ headaches | □ high blood pressure | □ diarrhea | □ asthma | |
| □ numbness Where? | □ low blood pressure | \square constipation | □ chronic c | • |
| □ Irritable | □ rapid heartbeat | □ colon trouble | □ sleep apr | nea |
| nervousness | slow heartbeat | □ loss of bowel control | F W | . 0-1 |
| □ tremors | □ swelling of the ankles | ☐ difficult digestion | For Womer | - |
| □ allergies□ seizures | □ chest pain□ nausea/vomiting | □ acid reflux | □ menstruat□ infertility | |
| □ seizures | □ Hausea/ voilinting | Genito-Urinary | □ depressio | |
| Eyes, Ears, Nose & Throat | | □ frequent urination | □ Pregnant | |
| □ fatigue | □ frequent cold | ☐ frequent urination | Due Date | |
| □ sleeping problems | □ hearing loss | □ frequent urination | | _ |
| □ dizziness | □ thyroid trouble | □ prostate trouble | Do You Have | e |
| $\hfill \square$ unexplained weight loss | □ asthma | □ failing vision | \Box cancer | |
| \square loss of balance | □ ear aches | □ loss of urine control | | ase |
| | □ ringing in the ears | □ kidney infection | □ diabetes | |
| | □ sinus infections | | | |
| | □ failing vision | | | |
| OFFICE USE | | | | |
| MTueWThurTIN | ME: | | | PT ID |