Belde Chiropractic Clinic
NEW PATIENT INFORMATION FORM

Name ____ Date _____________
Address____ Apt.#_____________
City_____________________________ State ___________ ZIP ______________
Home Phone (____) ____-_________ Work Phone (____) ____-_________
e-mail 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 (reason you are here): ______________________________________
____
____

Previous treatments for this complaint_______________________________________
____

Other complaints or problems:____
____

Current medications/drugs being taken:______________________________________
____

Are you currently under the care of a physician or other health care professionals? Y / N
(If yes, please give name and date of last visit):

____

Nutritional supplements you are taking: _____________________________________
____

Do you smoke, drink coffee or alcohol? (If yes, indicate how much)
Cigarettes _____________ Coffee ________________ Alcohol ______________
List any major illnesses (with approx. dates): __________________________________
____

List any surgery or operations with approx. date: ______________________________
____
____

Any family history of serious illnesses: 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 ____________

Past Accidents or injuries: ____

____

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Marital Status: S M D W   Name of Spouse ___________________________

Describe health of spouse: _____________________   Number of children if any ___

Name of Child	Age	Sex	Any physical conditions or concerns?
_______________________	___	M/F	______________________________
_______________________	___	M/F	______________________________
_______________________	___	M/F	______________________________
_______________________	___	M/F	______________________________
_______________________	___	M/F	______________________________
_______________________	___	M/F	______________________________