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	___________________________________