

Macomb Chiropractic-Application for chiropractic services

14300 15 Mile rd. Sterling Heights MI 48312

Name _____ Referred by _____ Todays Date _____

Street _____ Apt# _____ City _____ Zip _____

Phone _____ Secondary phone _____

Email _____ Social Security No. _____ Birth Date _____

Age _____ Sex _____ Weight _____ Height _____ Marital Status _____ Blood Pressure _____

Spouse's Name _____ Children & Ages _____

Type of Insurance _____ Name and birthdate on Insurance card _____

Occupation _____ Employer _____

Employers Address _____

Family M.D. _____ Date of last physical exam _____ Date of last XRay _____

Have you had previous chiropractic care? _____ When? _____ Dr. _____

What are your major symptoms? _____

Any other complaints? _____

How long have you had this? _____ Any similar conditions? _____ When? _____

Any Other treatment for this? _____ Condition getting worse? _____ Constant? _____ Come & Go _____

What activities make this worse? _____ Better? _____

Describe the pain _____ Is this interfering with Work __ Sleep __ Daily routine __ Other _____

List any Surgery and Dates _____

Have you been in an auto accident? _____ When? _____ Describe _____

Any other injuries or accidents? _____

List any sports/exercise you participate in _____

What is your normal sleeping position? Back? __ Right side? __ Left side? __ Stomach? __ Toss & Turn? __

Type of mattress: _____ Mattress age? _____ Number of pillows _____

List any medications & Dosage _____

List Any Medication allergies _____

Do you use tobacco? _____ What type? _____ How often? _____

Family History: Have your mother, father, or their parents had any of the following?

_____ Cancer _____ Hemorrhoids _____ Mental health problems _____ Diabetes _____ Stroke

_____ Heart Troubles _____ Arthritis _____ Alcoholism _____ Arteriosclerosis _____ Allergies

_____ Dental problems _____ Kidney Disorders _____ Obesity _____ High Blood Pressure

Please flip to backside---->