

Toensing Family Chiropractic

PLEASE PRINT CLEARLY AND FILL IN COMPLETELY – FRONT AND BACK

Name _____ S.S.# _____ Age _____

Street Address _____ Phone _____

City _____ State _____ Zip _____ Date of Birth _____

Male Female Right Handed Left Handed E-Mail _____

Health History: I am here for: Wellness Care A Health Concern

Problem area(s): _____ Work Related? Yes No

Date of onset: _____ Sudden Gradual Duration: min hours days months years

Pattern of problem: Constant Intermittent Occasional _____

Initiating Factors: _____

What makes it better? _____

What makes is worse? _____

List any current medications: _____

List any past surgeries & dates: _____

List any past accidents & dates: _____

Personal & Family History: Occupation: _____ Employer: _____

Marital Status: _____

Spouse's name and health status: _____

Children's names, ages and health status: _____

Chiropractic History:

Have you ever been to a Chiropractor before? Yes No If yes: Doctor's Name _____

Date of last chiropractic visit _____ Reason for care _____

Date of last chiropractic x-rays _____ How long were you under care? _____

Wellness Commitment:

At Toensing Family Chiropractic we are dedicated toward achieving the goal of total lasting health for our patients. To better help you achieve this, we need to understand your commitment toward being healthy. We do not ask for a financial commitment, but we do ask for you cooperative commitment. Based on a scale of 10% to 100%, please circle your personal level of commitment toward obtaining and maintaining health and wellness.

10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Where did you hear about our office or who referred you? Friend _____

Flyer Newspaper Radio Sign Other _____

