Welcome To

Creekside Chiropractic & *Massage*

one 1   About You

Today's Date:_____ File #:_____

Name: _____

What You Prefer To Be Called:_____ ☐Male ☐ Female

Birthday:_____Age: _____ SS #:_____

Home Address: _____

_____
City   State   Zip

Home Phone #:_____

Other Phone #'s:_____

Referred by:_____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Spouse's Name:_____ # of Children:_____

Children's Names:_____

_____

Employer:_____

Employer's Address:_____

_____
City   State   Zip

Occupation:_____ Work Phone #:_____

two 2   Insurance Info

Insurance Co. Name:_____

_____

Address:_____

_____
City   State   Zip

Phone #:_____

Insured's SS #:_____

Group # (Plan, Local, or Policy #) :_____

_____

Insured's Name:_____

Relation:_____

Date of Birth:_____

Insured's Employer:_____

_____

three 3   Reason For Visit

Have you ever been to a chiropractor before? ☐Yes ☐ No

If so, please explain:_____

The reason for this visit is a result of: ☐ work ☐ sports ☐ auto ☐ trauma ☐ chronic.

Explain what happened:_____

_____

_____

Please describe When did this condition begin?:_____

Is this condition getting worse? ☐ Yes ☐ No ☐ Constant ☐ Comes and goes.

Is this condition interfering with your: ☐work ☐ sleep, or ☐ daily routine?

If so, please explain:_____

Have you been treated by a Medical Physician for this condition? ☐ Yes ☐ No

What kind of care program do you prefer? ☐ Pain Relief Only ☐ Correction ☐ Whatever is necessary to get well

Please, Continue on Back.