



25272 McIntyre St Suite H • Laguna Hills, California 92653 • P 949.215.4349 •

Name _____ Male Female Age _____ Date of Birth _____
Home Phone _____ Cell Phone _____ Work Phone _____
Address _____ City _____ State _____ Zip Code _____
E-mail _____ Social Security Number _____
Occupation _____ Employer _____
 Married (Spouse's Name _____) Single Divorced Widowed
Children's Names/ Ages _____
Whom may we thank for referring you? _____
Emergency Contact Person _____ Phone Number _____
Have you had Chiropractic care before? No Yes- When/Where? _____
If you are leaving area for extended periods, when are you leaving: _____ Returning _____

1. What is your first health concern? _____ First occurrence date: _____
Subluxations irritate nerve fibers causing various sensations. Which describes yours?
 Sharp Dull Throbbing Burning Aching Stabbing Numbness
Depending on the type and degree of subluxation, nerve pressure can be constant or occasional.
How often is yours concern? Constant Occasional

2. What is your second health concern? _____ First occurrence date: _____
Subluxations irritate nerve fibers causing various sensations. Which describes yours?
 Sharp Dull Throbbing Burning Aching Stabbing Numbness
Depending on the type and degree of subluxation, nerve pressure can be constant or occasional.
How often is your concern? Constant Occasional

Please list medications you are currently taking (prescriptions AND over the counter).

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Please list all surgeries _____

Please check all that apply.

Neurological

- headaches
- numbness
- Irritable
- nervousness
- tremors
- allergies
- seizures

Eyes, Ears, Nose & Throat

- dizziness
- loss of balance
- ear aches
- ringing in the ears
- failing vision

- frequent cold
- hearing loss
- sinus infections

Cardio-Vascular

- high blood pressure
- low blood pressure
- rapid heartbeat
- slow heartbeat
- swelling of the ankles
- chest pain
- nausea/vomiting

Respiratory

- asthma

- chronic cough
- sleep apnea

Gastro Intestinal

- diarrhea
- acid reflux
- difficult digestion
- constipation
- colon trouble
- loss of bowel control

Genito-Urinary

- frequent urination
- prostate trouble
- loss of urine control
- kidney infection

For Women Only

- menstruation
- infertility
- depression
- Pregnant
Due Date _____

Other

- fatigue
- sleeping problems
- depression
- cancer
- heart disease
- diabetes

PT ID _____