

# INTRODUCTION PATIENT CASE HISTORY

Patient No: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Mr. Mrs. Miss Ms.) \_\_\_\_\_  
(Last, First, MI)

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Other \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Name of your Insurance Company: \_\_\_\_\_

Primary Insurance Holder: \_\_\_\_\_ Primary Holders Date of Birth: \_\_\_\_\_

Previous Chiropractic Care? Yes No Doctor's Name: \_\_\_\_\_

Major Complaint: \_\_\_\_\_ Began When and How \_\_\_\_\_

Any Recent Surgeries \_\_\_\_\_ Any Recent Accident's \_\_\_\_\_

Medications \_\_\_\_\_ Allergies RX \_\_\_\_\_

Physicians Contact \_\_\_\_\_

Who (or what source) referred you? \_\_\_\_\_

*It is Usual and Customary to Pay for Services as Rendered Unless Otherwise Arranged*