SOUTH LAKE
CHIROPRACTIC

Questionnaire

Today's Date_____

Full Legal Name _____

Date of Birth _____ Occupation _____

How did you hear of us _____

Describe your area of discomfort _____

_____

How long has condition existed _____ Is this a recurring condition _____

Activities which aggravate condition _____

Medication/Vitamins you now take _____

Exercise [ ] Frequent [ ] Infrequent Types _____

Are you wearing [ ] Heel Lifts [ ] Arch Supports [ ] Other

Habits per day Cigarettes _____ Alcohol _____ Coffee _____ Hours of Sleep _____

Eating Habits [ ] Breakfast [ ] Lunch [ ] Dinner

Date of Last Physical _____ What prompted physical _____

Have you had previous chiropractic care [ ] Yes [ ] No

Results of above care _____

We are not a provider for any medical insurance.

If this is a personal injury, please give your insurance information to the receptionist.

If this is a work related injury,
Have you notified your employer [ ] Yes [ ] No

Have you seen another doctor for this injury [ ] Yes [ ] No

Have you been able to work since this injury [ ] Yes [ ] No