



SOUTH LAKE
CHIROPRACTIC

SOUTH LAKE CHIROPRACTIC **Questionnaire**

Today's Date _____

Full Legal Name _____

Date of Birth _____ Occupation _____

Describe your area of discomfort _____

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

Activities which aggravate condition? _____

Do you have a history of any broken bones? No Yes, please list _____

Do you have a history of any surgeries? No Yes, please list _____

Do you have any metal, fusions, pins, or implants in your body? No Yes, please list _____

Please list any medication/vitamins you now take _____

Exercise weekly? 5-7x 3-4x 1-2x none Types? _____

Do you wear any of the following? Heel Lifts Arch Supports Other _____

Are you a smoker? No Yes If yes, how many cigarettes per day? _____

Daily habits: Alcohol consumption? _____ Caffeine consumption? _____ Hours of sleep? _____

Are you on a special diet? (i.e. vegan or gluten free) _____

Do you have any food allergies or sensitivities? No Yes, please list _____

Date of last physical? _____ What prompted physical? _____

Have you had any previous chiropractic care? No Yes

We are not a provider for any medical insurance.

If this is a personal injury or auto accident, 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