

1 one

WELL COME

Discover Chiropractic Clinic, Dr. Christopher Passalacqua

5909 John R Rd. Troy, Mi

ABOUT YOU

Today's Date: ____/____/____ File #: _____

Name: _____

What You Prefer To Be Called: _____ Male Female

Birthdate: ____/____/____ Age: ____ SS#: _____

Home Address: _____

CITY STATE ZIP

Home Phone #: _____

Other Phone #s: _____

Referred By: _____

Employer: _____ How Long? _____

Employer's Address: _____

CITY STATE ZIP

Occupation: _____ Work Phone#: _____

Marital Status: Single Married Divorced Separated Widowed

Spouse's Name: _____

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Personal Information

Email _____

Cell Phone _____

REASON FOR VISIT

Have you ever been treated by a Chiropractor before? Yes No

If so, please explain: _____

The reason for this visit is a result of (*Please circle*): work, sports, auto, trauma or chronic.

(*Explain what happened*): _____

Please describe the pain & its location: _____

When did condition begin? ____/____/____

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

Is this condition interfering with your (*Please Circle*): work, sleep, or daily routine.

If so, please explain: _____

Have you had this or similar conditions in the past? Yes No

If so, please explain: _____

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

If so, where? _____

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PLEASE CONTINUE ON BACK