

HEALTH INFORMATION

Purpose of this appointment : _____

Other Doctors seen for this condition: _____

When did this condition begin: _____

If disabled from work please give dates: _____

Is this: Job Related Auto Related

Please list all prescription or over-the-counter medications and any recreational drug use

Nerve pills Pain killers/Muscle relaxers Blood Pressure Medication Insulin

Other (s): _____

Please indicate and describe:

Major surgery/operations: Appendectomy Tonsillectomy Gall Bladder Hernia

Neck/Back Surgery Broken Bones Other: _____

When did this/these occur: _____

Please list all accidents from early childhood to present. _____

Hospitalization (other than above): _____

Previous chiropractic care: _____

Doctor's name and date of last visit: _____

Have you tested positive for HIV? Yes No

Check any or all of the following diseases that apply to you:

Diabetes Cancer Heart Disease Lung Disease Arthritis

Asthma Allergies High Blood Pressure Irritable Bowel Syndrome

Please list any other health conditions that you may have: _____

Welcome to Campbellsburg Chiropractic. In order to meet your needs fully, we ask that you please take a few minutes to complete this form. Thank you.

PERSONAL HISTORY

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____ Sex: Male Female

Employer: _____

Occupation: _____ Business Phone: _____

Check One: Married Single Widowed Divorced

Spouse Name: _____ Number of Children _____

Hobbies: _____

List clubs or organizations you belong to: _____

Emergency Contact and Relationship: _____

Emergency Contact Number: _____

Referred to this office by: _____

Does a statement need to be sent to:

Workers Comp Medicare Auto Insurance Personal Health Insurance

Welcome to

Campbellsburg Chiropractic

By walking through our doors, this shows you are interested in improving your quality of life. We offer a variety of services to help you reach your goals.

Today's purpose is to determine how Chiropractic services can help you. This will be determined through the use of an interactive consultation (between you and the doctor) and x-rays (if deemed necessary).

Within the next few days you will receive a "report of findings", at which time we will clearly explain our findings and make our recommendations. At that time, if you choose our care, we will work together and see to it your road to wellness is as smooth and enjoyable as possible.

Please complete the following forms and kindly let our staff know if you need any help or have any questions.

We are glad you are here.

Thanks,

Campbellsburg Chiropractic

Campbellsburg Chiropractic
Dr. Mark Hines
Dr. Travis Day
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