



Patient Introduction

General Information

Today's Date _____

Patient name: _____

Date of Birth: _____ Age: _____ Social Security #: _____

Patient Sex: *M F* Marital Status: *S M W D* Number of Children _____

Patient Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Patient E-Mail Address: _____

Employer: _____ Occupation: _____

Employer Address: _____ Phone: _____

Emergency Contact: Name: _____ Phone: _____

Have you ever seen a chiropractor before? YES/NO

If you answered YES, when was your last visit? _____

Have you ever had an acupuncture treatment? YES/NO

If you answered YES, when was your last visit? _____

How did you find out about our office? _____

Are you or have you ever been a member of Eastpointe Health and Fitness (GYM)?

YES or NO

PLEASE TURN OVER

