

ABOUT YOU

FILE # _____

We need to be able to read what you write

NAME: _____ Home Phone: _____
(Please Print) Work Phone: _____

E-mail: _____

Complete Address: _____

Apt. # _____ City/State: _____ Zip Code: _____

Date of Birth: _____ Sex: M F Occupation: _____

Name of Spouse: _____ Number of Children: _____

Children's Names & Ages: _____

Have you been to a chiropractor before? ____ Yes ____ No

If yes, who and when: _____

Have you been seen by a medical doctor for any reason in the last year? ____ Yes ____ No

If yes, explain: _____

Do you have a family physician? ____ Yes ____ No

What brings you to the office today? _____

If you have no specific problem but are here to have your spine checked for vertebral subluxation, check here ____

Have you had any surgeries, falls, accidents or injuries? If yes, please list what and when:

List any complications during or after own birth. Include forceps delivery, Caesarean, etc.

Thank you for choosing Selimo Chiropractic, LLC.