UPDATED PATIENT INFORMATION

Today's Date: _____

Patient Name:			
Home Address:	City:	State:	Zip:
Tel. Home:	Tel. Work:	Tel. Cell:	
Employer Name/Job Title:			

It has been some time since your last visit to this office. It is important that you inform our office of any new injuries, symptoms, illnesses, surgeries, infections, or diseases that are significant since your last visit. Insurance coverage changes need to be indicated. Check all that apply to you and describe them for us. Please print clearly.

DESCRIBE WHAT SYMPTOMS AND/OR INJURY THAT BRINGS YOU BACK TO THIS OFFICE?

Check box indicating if the today's visit relates to: ☐ Old type of symptoms returning, ☐ New and/or unusual type of symptoms

YES	NO	CHECK YES OR NO BOXES BELOW	DATE AND DESCRIPTION BELOW
☐	☐	Neck, back, hip, or extremity injury or fracture since last visit	
☐	☐	Surgery of any type since last visit	
☐	☐	Heart attack (include minor attacks) since last visit	
☐	☐	Stroke (include minor strokes) since last visit	
☐	☐	Major illness or disease: including any conditions affecting your abdomen, digestion, autoimmune system, nerves, skin, muscles, collagen, brain, and spinal cord since last visit.	
☐	☐	Recently and unusual types of problems with balance, vision, dizziness, fainting, swallowing, or talking?	
☐	☐	Hospitalization for any condition since last visit	
☐	☐	Any type of arthritis or bone/joint disease	
☐	☐	Told you have a thyroid disorder or other endocrine disorder	
☐	☐	Told you have diabetes since last visit	
☐	☐	Told you have Osteoporosis or Osteopenia since last visit.	Date last bone density test done:
☐	☐	Recent weight loss or gain	How many pounds?
☐	☐	Recent and severe fatigue-tired problems	
☐	☐	Sleep Apnea, shortness of breath, or respiratory disease.	
☐	☐	Recent or current infection or low-grade or high-grade fever	
☐	☐	Diagnosed with cancer of any type since last visit	
☐	☐	Hypertension, arteritis, or blood vessel disease since last visit	

If current headaches or migraines are one of the reasons for this visit, indicate if the head pains that you are experiencing are those typically affecting you or if they are unusually severe or of an unusual type:

☐ YES, ☐ NO HAVE THERE BEEN ANY CHANGES IN YOUR CHIROPRACTIC INSURANCE BENEFITS?

Insurance Company:
Chiropractic Plan/Deductible: