Crossroads Chiropractic

2826 Moody Parkway Ste A, Moody, AL 35004, (205) 640-6500

New Patient Information Form

Please print clearly:

Name_____ Date_____

Address_____ Apt. #_____

City_____ State_____ Zip_____

Shipping Address_____

_____

Home Phone ( ) _____-_____ Work Phone ( ) _____-_____

E-mail address:_____

REFERRED BY:_____

Occupation_____ Employer_____

Date of Birth_____ Age____ Sex: M/F Height_____ Weight_____

Overall health (circle one): Excellent / Good / Fair / Poor / Other:_____

Chief Complaint (reason you are her): (use separate sheet if more room needed)

_____

_____

_____

Previous treatments for this complaint_____

_____

_____

_____

Other complaints or problems: (use separate sheet if needed)_____

_____

_____

_____

Current medications/drugs being taken: (use separate sheet if needed)_____

_____

_____

_____

Are you currently under the care of a physician or other health care professional?

(If yes, please give name and date of last visit):_____

_____

Nutritional supplements you are taking:_____

Do you smoke, drink coffee or alcohol? (if yes indicate how much)

Cigarettes_____ Coffee_____ Alcohol_____

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Name:_____ Date:_____

HISTORY:

List any major illnesses (with approx. dates):_____

_____

_____

_____

List any surgery or operations (with approx. dates):_____

_____

_____

_____

Past Accidents or injuries:_____

_____

_____

_____

Marital Status: S M D W Name of Spouse_____

Describe health of spouse:_____ Number of children if any____

Name of Child	Age	Sex	Any physical conditions or concerns?
_____	___	___	_____
_____	___	___	_____
_____	___	___	_____

Any family history of serious illnesses (circle those which apply): Cancer / Diabetes / Heart / Other_____

Any household pets or other animals you or family members are in close contact with:

_____

What can we do to make you happier?_____

_____

SIGNED:_____ DATE_____

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Moody, AL 35004
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New Patient Introduction Form

Patient Name:_____ Date:_____

1. Chief Concerns:_____
_____
_____
_____
_____

2. Medications and/or Nutritional Supplements currently on:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
.

3. Dietary Intake for 2 days before appointment:

Breakfast:	Breakfast:
Snacks:	Snacks:
Lunch:	Lunch:
Snacks:	Snacks:
Dinner:	Dinner:

Snacks:

Snacks: