

Baker Chiropractic Clinic

Welcome,

Thank you for choosing our practice for your chiropractic needs. Please complete this form in ink. If you have any questions or concerns, do not hesitate to ask for assistance. We will be happy to help.

(Please Print)

Patient Information

Name _____ Date _____ SS# _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Birth Date _____
Are you: Minor ___ Married ___ Divorced ___ Widowed ___ Single ___ Separated ___
(Your Age) _____ Number of children _____
Your employer' _____ Occupation _____
Business address _____ City _____ State _____ Zip _____
Spouse's or parent name _____ Workplace _____ Work phone _____
Person to contact in case of emergency _____ Phone _____
Whom may we thank for referring you to us? _____

Responsible Party

Name of person responsible for this account _____
Relationship to patient _____ Phone# _____
Address _____ City _____ State _____ Zip _____
Name of employer _____ Work phone _____

Insurance Information

Insured Name _____ D.O.B. _____ Relationship to patient _____
Address _____ City _____ State _____ Zip _____
Insurance Co. _____ Is this an accident case? _____

Daily Habits

What type of exercise do you perform on a daily basis? ___ None ___ Moderate ___ Heavy
What do your daily work habits include? (ex: sitting, standing, light labor, heavy labor, computer)

What vitamins do you currently take? _____

What kind of other nutritional supplements do you take(if any)? _____

Do you smoke? ___ No ___ Yes How much per day? _____

How much liquor do you consume on a weekly basis? _____

How much coffee or caffeinated beverages do you consume on a daily basis _____

TURN OVER

