

Welcome to Hall Family Chiropractic

Adult Intake Form

Please complete fully so we can help you best.

Legal Name:	Today's Date: ____/____/____	
What you prefer to be called:		
Address:	City/State/ZIP:	
Home Phone:	Work Phone:	Cell Phone:
Birth date: ____/____/____	Age:	Social Security #:
Marital Status: ___ Single ___ Married ___ Divorced ___ Separated ___ Widowed		
E-mail address:		
Spouse's Name:	Spouse's Employer:	
Your Employer:	Occupation:	
Children's Names and Ages:		
Who may we thank for referring you?		
Favorite Hobbies or Interests:		

Please select any of the applicable reasons for your pursuing chiropractic care:

- I'm continuing care from another chiropractor.
 I'm interested in wellness and natural health care for me and my family.
 I'm concerned about my health and am looking for answers.
 I have a specific condition that concerns me.

Please explain:

I have no idea why I am here. (That's okay, we will take the time to explain what we do).

Is this the result of an auto or work injury? _____ If so, when? _____

Do you have family members with similar health concerns? _____ If so, who? _____

Other doctors you have seen for this problem: _____

Surgeries you have had: _____

Medications you currently take: _____

Is there any chance you are pregnant? _____

Known Allergies: _____

Have you ever been diagnosed with cancer? _____ If so, what kind? _____

Do you have health insurance? _____ Name of company: _____

Policy # _____ Policy holder _____

