



2133 Las Positas Ct., Ste A, Livermore CA 94551

Patient Information

Name Phone

Address

City State Zip

Email SSN

DOB Marital Status Gender Name of Spouse/Parent

Emergency Contact Information

Contact Name Contact Phone

Contact Address

Relationship to Patient

Patient Employment Information

Employer Occupation Work Phone

Work Address

Medical Insurance Information

Insurance Provider Policy Group #

Have you ever had Chiropractic care? ___ If yes, Doctor's name _____

Please check all medications you are currently taking: ___Aspirin/Tylenol ___Pain killers ___Muscle release insulin ___Birth control ___Sleeping pills ___Anti-depressants ___Other _____

Have you been involved in an auto accident in the past 12 months? ___ Date of accident _____

Auto Insurance Co. _____ Policy #/ Phone _____

Have you had any surgeries or hospitalizations? _____ If yes, please list: _____

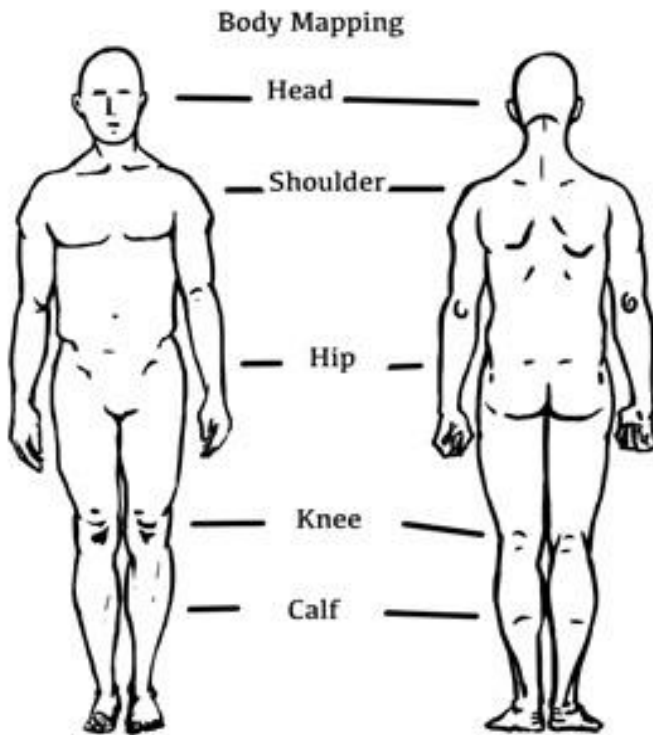
Assignment and Release

I authorize Health and Wellness Chiropractic to render necessary services to me and I am responsible for all charges incurred.

Patient Signature Date

Guardian or Spouse's authorizing care Date

**PLEASE MARK AN "X" ON THE DIAGRAM
BELOW WHERE YOUR PROBLEMS ARE**



What hurts and how long has it hurt?

1. _____
2. _____
3. _____
4. _____

When do you think these problems originally started?

1. _____
2. _____
3. _____
4. _____

Check any of these following you have had in the last six months:

C2 Area

- () Neck pain
- () Headaches/Migraines
- () Dizziness
- () Ear Infections
- () Sinuses/Allergies
- () Ringing/Buzzing in ears
- () Pain behind eyes/
Blurred vision

C5 Area

- () Upper back pain
- () Shoulder pain L R
- () Wrist pain
- () Cramping arms/hands/fingers
- () Pn/Numb/Ting/Wk to arms/hands/fingers
- () Thyroid condition
- () Fatigue/Insomnia
- () Sore throat/Throat infections

T1 Area

- () Chest pain/Shortness of breath
- () Heart palpitation/Murmurs
- () Asthma/Upper resp. infections

L5 Area

- () Low back Pain
- () Sciatica L R
- () Hip pain L R
- () Pn/Numb/Tng/Wk down legs
- () Cold/Burn/Itchy/Swell feet
- () Cramping in legs/toes/feet
- () Diarrhea/Constipation
- () Excess gas/Bloating
- () Freq. urination/Urinary infection
- () Cramping/Irregular periods
- () Difficulty getting pregnant/Impotence

T5 Area

- () Mid back pain
- () Stomach/Digestion issues
- () Heartburn/Indigestion
- () Ulcers/Acid reflux

Are you pregnant? () Yes () No () Not sure

***Thank You For Allowing Us to Serve You!
"We listen, We Care, We can help"***