Chiropractic Intake Form

Client Information

First Name	Last Name	Preferred Name	Patient Identifier (If known)
Mark	Johnson	Mark	5938

Gender	Preferred Pronouns	Date of Birth	Marital Status
Male	He/him	09/09/1967	Married

Address	City	State	Zip Code
123 Anywhere St, Brooklyn	Wilmington	NC	9790

Email	Preferred Phone Number
example@email.com	004 04832

Emergency Contact

Full Name	Relationship	Contact Number
Lisa Johnson	Wife	058 050284
Luke Johnson	Brother	048 21938

Insurance Information (If Applicable)

Insurance Carrier	Insurance Plan	Contact Number
Health4U	Plan C	593840383

Policy Number	Group Number	Social Security Number
9387	2	000 00 0000

Medical Information

Primary Concern
Lower back pain, quite tender to the touch

When did you start experiencing this issue?
After cleaning house gutters on the weekend (2 days ago)

Physical Health Conditions (Select all that applies)

☐ Hypertension	☐ Heart Issues	☐ Rashes
☐ Diabetes Mellitus	☐ Bone Problems	☐ Blood Clotting
☐ Spams/Cramps	☐ Sprains	☐ Varicose Veins
☐ Constipation	☐ Arthritis	☐ Seizure
☐ Spinal Cord Issues	☐ Chronic Cough	☐ Asthma
☐ Neck Pain	☑ Back Pain	☐ Hips Pain
☐ Legs Pain	☐ Infectious Disease	☐ Vision Problem
☐ Kidney Disorder	☐ Other:	

Client Information

First Name	Last Name	Date of Birth	Gender
Mark	Johnson	09/09/1967	Male

Medical Information (Continued)

Please list any past or current injuries

N/a

Please list any past surgeries

Jaw surgery for TMJ

Please list any current medications

N/a

On a scale of 1(least pain) to 10(worst pain), how much pain are you in right now?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☑ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

What type of pain are you in right now?

☐ Numbness ☐ Sharp Pain ☐ Tingling ☐ Burning ☐ Dull Pain ☑ Stiffness

How often do you exercise?

3 times a week, 30 min walk

What type of exercise do you do?

☐ Heavy ☐ Moderate ☑ Light ☐ None

All the answers given to the above questions are answered accurately to the best of my knowledge. I understand that any inaccurate information can be dangerous to my (or patient's) health.

Parent or Guardian Name (If Applicable)	Relationship to Patient (If Applicable)

Signature of Client, Parent or Guardian	Date
	20.12.2022