Utica
CHIROPRACTIC CLINIC, PC

45200 Sterritt St. Suite 102
Utica, MI 48317
Phone: 586-739-6080
Fax: 589-739-2797

To save time and allow us to better serve you, please answer all questions

1. Name:	2. Home/Cell Phone:	3. Date
4. Complete Address (include city, state and zip code)	5. Date of Birth:	6. Age
7. Social Security Number: - -	8. Occupation:	9. Employer:
10. Marital status: ☐Single ☐Married ☐Divorced ☐ Widow	11. Email:	
12. What are you Major Complaints? a. b. c.		
How long has it been bothering you? a. b. c.	Have you had this problem before? a. Y / N b. Y / N C. Y/N	
13. Referred by:	14a. Have you had chiropractic care before? Y / N Where? 14b. Who is your primary care physician/family doctor?	
15. Have you ever had any accidents, injuries or falls? ☐Yes ☐No	15a. If you answered yes to 15, please indicate date of accident(s)/injury and details?	

16. Have you had surgery before, whether for medical or cosmetic reasons? ☐Yes ☐No (If you answered yes, proceed to box 16a) *Please explain the surgery and the date in the space provided.	16a.
17. Have you undergone the following tests?	☐MRI Date and reason for test:_____ _____ ☐CT Scan Date and reason for test:_____ _____

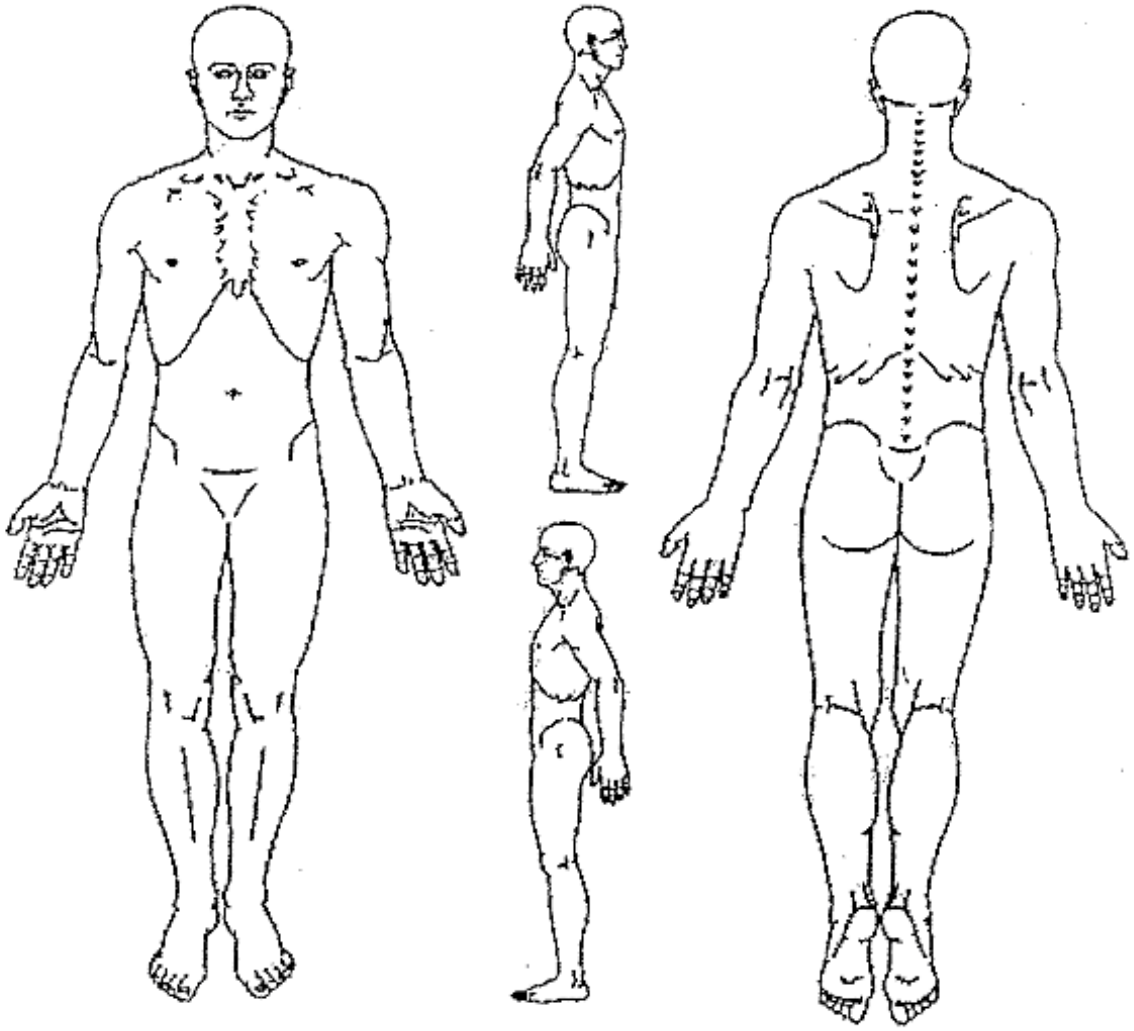
18. Please list any medications you are currently taking: _____
_____
_____
_____

19. Do you use tobacco products? ☐Yes ☐No if yes, how many packs per day_____
20. Do you drink alcohol? ☐Yes ☐No if yes, how many drinks per day_____
21. Could you be pregnant? ☐Yes ☐No

Please check any of the following that have given you difficulty or that you have experienced in the past:

☐Headaches	☐Ulcers	☐Indigestion
☐Shooting head pains	☐Heart burn	☐Constipation
☐Sinus trouble	☐Blurred vision	☐Gall bladder trouble
☐Loss of Smell	☐Light bothers eyes	☐Intestinal Gas
☐Allergies	☐Neck Pain	☐Stomach issues
☐Asthma	☐Low back pain	☐Prostate trouble
☐Facial twitching	☐Shoulder pain	☐Reproductive trouble
☐Loss of balance	☐Muscle spasms in neck	☐Thyroid trouble
☐Loss of memory	☐Muscle spasms in low back	☐Diabetes
☐Fatigue	☐Tightness in shoulders and arms	☐Difficulty sleeping
☐Depression	☐Grinding in neck	☐Painful joints
☐Dizziness	☐Pins and needles in arms	☐Swollen joints
☐Shortness of breath	☐Pins and needles in legs	☐Hernia
☐heart attack	☐Cold hands/fingers	☐Bed wetting
☐Stroke	☐Numbness in hands/fingers	☐Bladder/bowel troubles
☐Chest pain	☐Numbness in legs/feet	☐Irritability
☐High blood pressure	☐Swollen ankles/feet	☐Menstrual Cramps
☐Low blood pressure	☐Hip Pain	☐Menstrual Irregularity
☐Cancer	☐Lack of appetite	☐Fainting

Please circle and use the codes below the diagram to indicate the quality and location of your complaint.



A = Achy B = Burning N = Numbness

P=Prickly/Pins and Needles SH=Sharp

SB= Stabbing O = Other