



freshwater  
CHIROPRACTIC  
Questionnaire

Today's Date \_\_\_\_\_

Full Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Describe your area of discomfort \_\_\_\_\_  
\_\_\_\_\_

How long has condition existed? \_\_\_\_\_ Is this a recurring condition? \_\_\_\_\_

Activities which aggravate condition \_\_\_\_\_

Medication/Vitamins you now take \_\_\_\_\_

Exercise [ ] Frequent [ ] Infrequent Types \_\_\_\_\_

Are you wearing [ ] Heel Lifts [ ] Arch Supports [ ] Other

Habits per day Cigarettes \_\_\_\_\_ Alcohol \_\_\_\_\_ Coffee \_\_\_\_\_ Hours of Sleep \_\_\_\_\_

Eating Habits [ ] Breakfast [ ] Lunch [ ] Dinner

Date of Last Physical \_\_\_\_\_ What prompted physical? \_\_\_\_\_

Have you had previous chiropractic care [ ] Yes [ ] No

Results of above care \_\_\_\_\_

**We are not a provider for any medical insurance.**

If this is a personal injury, please give your insurance information to the receptionist.

If this is a work related injury,

Have you notified your employer [ ] Yes [ ] No

Have you seen another doctor for this injury [ ] Yes [ ] No

Have you been able to work since this injury [ ] Yes [ ] No