

# CHIROPRACTIC OF SPARTANBURG

2375 E. Main St. Ste. A309, Spartanburg, SC 29307 [chiropracticsspartanburg.com](http://chiropracticsspartanburg.com)

864.205.0539

Please print clearly and answer all questions accurately.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_ (for newsletters & weather closings notification)

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M F

Do you have Medicare or other health insurance? Y N Do you have a Health Savings Account? Y N

Insurance Name \_\_\_\_\_ ID# \_\_\_\_\_

Secondary Insurance Name \_\_\_\_\_ ID# \_\_\_\_\_

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

Reason for visit \_\_\_\_\_ Keeps me from doing \_\_\_\_\_ How Long? \_\_\_\_\_

Have you been to a chiropractor before? Y N If yes, when? \_\_\_\_\_ for \_\_\_\_\_

Do you think you may have any broken bones? Y N If yes, explain \_\_\_\_\_

Do you smoke? Y N How often? \_\_\_\_\_ Do you use alcohol? Y N How often? \_\_\_\_\_

Please circle ALL other conditions you currently have or have had in the past:

NECK PAIN	LUNG PROBLEMS	ALLERGIES	FREQUENT NAUSEA	HEARTBURN
LOW BACK PAIN	HEART PROBLEMS	FAINING	VOMITING	COLITIS
HEADACHE	BLOOD PRESSURE	WEIGHT LOSS	PROSTATE PROBLEMS	IRRITABLE BOWEL
MIGRAINES	IRREGULAR HEARTBEAT	POOR APPETITE	BREAST PAIN/LUMP	BLACK/BLOODY STOOLS
ARM/BACK TINGLE	ANKLE SWELLING	EXCESSIVE APPETITE	CRAMPS	CONSTIPATION
SHOULDER PAIN	COLD EXTREMITIES	NERVOUSNESS	PAINFUL URINATION	HEMORRHOIDS
HAND PAIN/TINGLE	BLURRED VISION	CONFUSION	BLADDER TROUBLE	LIVER PROBLEMS
LEG PAIN/TINGLE	VISION PROBLEMS	DEPRESSION	EXCESSIVE URINATION	STROKE
JAW PAIN	DIFFICULTY BREATHING	DENTAL PROBLEMS	DISCOLORED URINE	PARALYSIS
CHEST PAIN	STUFFY NOSE	EXCESSIVE THIRST	GAS/BLOATING AFTER EATING	TINGLING
NUMBNESS	FATIGUE	DIZZINESS/VERTIGO	LOSS OF SLEEP	EAR PAIN

PATIENT SIGNATURE (OR GUARDIAN OF PATIENT) \_\_\_\_\_ DATE \_\_\_\_\_

GUARDIAN OF PATIENT NAME PRINTED \_\_\_\_\_ DATE \_\_\_\_\_

"My Mission is to Help as Many People as Humanly Possible...Especially Kids!"

Referrals are welcome and appreciated!