

KEYSTONE

CHIROPRACTIC

CONFIDENTIAL PATIENT INFORMATION

Name: _____ Date: _____

DOB: _____ Age: _____ Male Female Height: _____ Weight: _____

Occupation: _____

Home address: _____ ZIP _____

Cell phone: _____ Email: _____

Emergency contact: _____ Relation: _____ # _____

How did you hear about us: _____ (friend/family, google, other)

CURRENT HEALTH CONDITIONS

What brings you into our office? _____

Have you received care for this problem before? Y N _____

Ever received chiropractic care in your past? Y N Why? _____

Last visit? _____ Why did you stop? _____

When did your current problem start? _____

How did your current problem start? Suddenly Gradually Past Injury

Current problem: Worse Better Comes & Goes Consistent Unsure

What makes it better? _____

What makes it worse? _____

YOUR HEALTH GOALS

Your top health goals: (i.e. less pain/stress, lose weight, improve digestion, etc)

Goals from chiropractic: Resolve current concern Overall wellness Both

Do you have any health concerns for other family members today we might be able to help with? _____

PHONE / FAX

P: 573.239.6112
F: 636.600.5416

WEBSITE

www.keystone-chiropractic.com

ADDRESS

2415 Carter Ln #3
Columbia, MO

ADDRESS

600 W Morrison #150
Fayette, MO

DR'S SIGNATURE:

DATE:

PHYSICAL INJURY/STRESS

Any surgeries or major accidents, falls, injuries as an **adult**? Yes No

Any surgeries or major accidents, falls, injuries as a **child**? Yes No

Exercise habits: _____

Sleep habits: Back Side Stomach Restless Rested Tired

Work habits: Manual labor Computer/desk Travel Other _____

Daily activities that are currently difficult: _____

CHEMICAL & ENVIRONMENTAL STRESS

Please rate your daily consumption of each:

Alcohol None Mild Mod High

Water None Mild Mod High

Tobacco

Sugar

Drugs

Soda

Junk food

Dairy

Please list any medications, vitamins, supplements, you are taking and why:

ACKNOWLEDGEMENT & CONSENT

Patient's Signature: _____ Date: _____

Minor patient's name: _____ Date: _____

Parent's name and signature: _____

Relation to minor: _____

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