

**Symmes Chiropractic and Nutrition Center**  
**NEW PATIENT INFORMATION FORM**

Please print clearly:

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

e-mail address: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex: M / F Height \_\_\_\_ Weight \_\_\_\_

**CURRENT HEALTH:**

Overall health (circle one): Excellent / Good / Fair / Poor / Other: \_\_\_\_\_

Chief complaint (reason you are here): (use separate sheet if more room needed)

\_\_\_\_\_  
\_\_\_\_\_

Previous treatments for this complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other complaints or problems: (use separate sheet if needed)

\_\_\_\_\_  
\_\_\_\_\_

Current medications/drugs being taken: (use separate sheet if needed)

\_\_\_\_\_  
\_\_\_\_\_

Are you currently under the care of a physician or other health care professionals?

(If yes, please give name and date of last visit): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Nutritional supplements you are taking: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you smoke, drink coffee or alcohol? (If yes, indicate how much)

Cigarettes \_\_\_\_\_ Coffee \_\_\_\_\_ Alcohol \_\_\_\_\_

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**HEALTH HISTORY:**

List any major illnesses (with approx. dates): \_\_\_\_\_

\_\_\_\_\_

List any surgery or operations (with approx. dates): \_\_\_\_\_

\_\_\_\_\_

Past Accidents or injuries (with approx. dates): \_\_\_\_\_

\_\_\_\_\_

**FAMILY HISTORY:**

Marital Status: S M D W Name of Spouse \_\_\_\_\_

Describe health of spouse: \_\_\_\_\_ Number of children if any \_\_\_\_\_

Name of Child	Age	Sex	Any physical conditions or concerns?
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_____	_____	M/F	_____
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_____	_____	M/F	_____
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_____	_____	M/F	_____
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Any family history of serious illnesses (circle those which apply):

Cancer / Diabetes / Heart / Other: \_\_\_\_\_

Any household pets or other animals you or family members are in close contact with:

\_\_\_\_\_

What can we do to make you happier? \_\_\_\_\_

\_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

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Office Use Only: