

Stephenson Chiropractic Center

Ted R. Stephenson, D.C.

Name _____ Mailing Address _____

City _____ State _____ Zip _____ Home Phone(____) _____ Cell Phone(____) _____

E-mail Home: _____ E-mail Work: _____ SSN# _____

Date of birth _____ Age _____ Height _____ Weight _____ Male Female DL# _____

Single Married Divorced # of children _____ Name of spouse (or parent) _____

How were you referred to our office? _____

Occupation _____ Employed by _____ Work Phone:(____) _____

Employer's Address _____ City _____ ZipCode _____

What is the name of your physician? _____ In what city are they located? _____

Have you ever had Chiropractic care before? _____ If yes, doctor's name: _____

If you are experiencing any pain(neck, low back pain, mid back pain, etc.) health problems

1. _____ For how long? _____

2. _____ For how long? _____

3. _____ For how long? _____

4. _____ For how long? _____

Has the problem been getting worse or staying the same? _____

Currently or in the past have you ever experienced any of these complaints while working? Yes No

If yes, describe what activities at work that may be causing you to experience these complaints:

Are there any other activities, incidents, or events outside of work that may have caused these complaints? Yes No

If yes, please explain: _____

Have you at any time in the past ever suffered a work injury? Yes No If yes, what is the date of injury? _____

Do you have an attorney representing you for this work injury? Yes No If yes, who is your attorney? _____

Have you ever had any surgeries or hospitalizations? Yes No If yes, please list: _____

Please list any injuries or illnesses not listed above: _____

Please indicate medications (over the counter) / prescriptions you are currently taking: Aspirin/Tylenol Pain killers

Muscle Relaxers Insulin Tranquilizers Birth Control Pills Others _____

Health Insurance Co. Name _____ Policyholder _____

Name of spouse's health insurance (If applicable) _____ Policyholder _____

Spouse's Health Insurance Claims address _____ Policy number _____

