

Baker Chiropractic Acupuncture Health & Wellness

Confidential Patient Information

Welcome to our clinic! The following information is to serve you in the best safest way. If you have any questions about this form please ask the front desk staff.

Date: _____

Were you referred to this office? _____ If so whom? _____

Is this visit to the office in reference to an accident? _____ (if yes, ask for accident form)

Patient Data

Name _____ Best contact number() _____

Address _____ City _____ State _____ Zip _____

Age _____ Date of Birth _____ Marital Status _____ Number of children _____

Occupation _____ Employed by _____

Work phone(_____) _____ Cell Phone (_____) _____

Email address _____

Name of emergency contact _____ Relationship to patient _____

Phone number(_____) _____

Briefly describe symptoms : _____

_How long have you had symptoms: _____ Date of last physical exam: _____

List any operations: _____

List any hospitalizations: _____

Serious illnesses: _____

List other Doctors seen for this condition: _____

Serious illnesses: _____

What medications/supplements are you currently taking: _____

Payments must be made on each visit. See accepted forms of payment on office policy agreement.

Patient's Signature _____ Date _____