

Administrative and General Information

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date \_\_\_\_\_ Sex:  M  F

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

Home Phone ( ) \_\_\_\_\_ Work( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ OPT in email  Y  N

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

Married  Single  Divorced  Widowed Number of children \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Sports / activities you participate in \_\_\_\_\_

Spouse / children / family activities \_\_\_\_\_

Have you had previous chiropractic care?  Y  N If yes, where? \_\_\_\_\_

Who referred you to this office? \_\_\_\_\_ Relationship \_\_\_\_\_

Women: Is there any possibility you could be pregnant?  Y  N 1st day of last cycle \_\_\_\_\_

How often do you exercise?  Daily: (6-7x/wk)  Frequently: (4-5x/wk)  Intermittently: (2-3x/wk)

Occasionally: (1-2x/wk)  Never: (b/c of pain or no time)  Never: (don't want to)

Have you ever smoked?  Y  N Number of years: \_\_\_\_\_ Note: \_\_\_\_\_

How much do you smoke? (packs per day)  None  less than 1/2 pack  1/2 -1 pack  1-2 packs  2 packs+

How often do you drink alcohol?  Never/ Rarely: (1x/ mo)  Occasionally: (1x/ wk)

Moderately: (2-3x/ wk)  Frequently: (4-5x/ wk)  Everyday: (6-7x/ wk)

Do you wear a seatbelt?  Never  Rarely  Occasionally  Frequently  Usually  Always

How many hours do you sleep per night? \_\_\_\_\_ How old is your mattress? \_\_\_\_\_

In what position do you sleep?  Back  Stomach  Side w/knees together  Side w/top knee closer to chest

What is your typical stress level?  1  2  3  4  5  6  7  8  9  10  
Mild Moderate Severe

What are your daily strategies to lower your stress? \_\_\_\_\_

Describe your job duties at work: \_\_\_\_\_

Do you drive with your head against headrest in your car?  Y  N

Does the chair you normally sit in have a headrest?  Y  N How many hours per day do you sit? \_\_\_\_\_

*I have completed this form to the best of my ability and discussed the information with Dr. Porman.*

*I understand that Dr. Porman is relying upon this information to make treatment recommendations.*

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If the patient is not yet 18 years old, a parent or guardian must sign.