

# LIFE CHIROPRACTIC HEALTH CENTER

Dr. Dominique M. Scott, D.C.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Primary E-mail \_\_\_\_\_

Home phn \_\_\_\_\_ Cell phn \_\_\_\_\_

SSN \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Male  Female  Single  Married  Divorced  # of children \_\_\_\_\_ Name of spouse (or parent) \_\_\_\_\_

How were you referred to our office? \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Wk phn \_\_\_\_\_ Occupation \_\_\_\_\_

Have you ever had Chiropractic care before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

**Please list your chief complaints in order of severity (pain, discomfort, symptoms, etc.), and any other health issues**

1. \_\_\_\_\_ For how long? \_\_\_\_\_

2. \_\_\_\_\_ For how long? \_\_\_\_\_

3. \_\_\_\_\_ For how long? \_\_\_\_\_

4. \_\_\_\_\_ For how long? \_\_\_\_\_

List other doctors consulted for these conditions: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Name of family physician \_\_\_\_\_

Do you ever experience any of these complaints while working? \_\_\_\_\_ 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? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

If this is due to an injury or accident, what is the date of injury or accident? \_\_\_\_\_

Has this problem been getting better, worse, or staying the same? \_\_\_\_\_

What activities make your condition worse? \_\_\_\_\_

Have you ever had any surgeries or hospitalizations? \_\_\_\_\_ If yes, please list:

\_\_\_\_\_

Please list any injuries or illnesses that you have had that are not listed above:

Health Insurance \_\_\_\_\_ Policyholder \_\_\_\_\_

Claims address \_\_\_\_\_ Policy number \_\_\_\_\_

Spouse's health insurance \_\_\_\_\_ Policyholder \_\_\_\_\_

Claims address \_\_\_\_\_ Policy number \_\_\_\_\_

