

# Canton Chiropractic Life Center

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## Patient Introduction Form

Date \_\_\_\_\_

Name _____	SS# _____
Address _____	City _____ State _____ Zip _____
Home phone _____	Birthdate _____ Sex _____
Occupation _____	Employer _____ Work phone _____
E-mail address _____	Marital Status _____ # of children _____
How did you hear about our office? _____	
Health Insurance, if so name? _____ If insurance under spouse	
Name _____	Birthdate _____

What is your main complaint? \_\_\_\_\_

How long have you had this problem? \_\_\_\_\_

Are you suffering from any other health problem? \_\_\_\_\_

Is your main complaint a result of either an automobile accident or on-the job injury occurring in the last year? \_\_\_\_\_ If yes, please give date of accident and be sure to inform the receptionist of claim date. \_\_\_\_\_

Is your main complaint the result of a home or sports injury? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Have you ever had major surgery? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Have you ever had a major accident or fall of any kind? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Are you taking any medication? \_\_\_\_\_ If so, for what condition? \_\_\_\_\_

Have you ever seen a doctor of chiropractic before? \_\_\_\_\_ If so, how long ago? \_\_\_\_\_

Who did you see? \_\_\_\_\_

Place a 'check' next to the conditions which are currently causing you problems:

Headaches 784.0	Chest pain 786.5	Constipation 564	Low blood pressure 4 5 8.9
Shooting head pain 784	Fainting 780.2	Kidney Trouble 593.9	Anemia 285.9
Sinus trouble 473.9	Loss of balance 781.2	Menstrual cramps 625.3	Stomach trouble 789
Loss of smell 78 1.1	Ringing in ears 388.3	Diabetes 250	Nerves and nervousness 799.2
Allergies 995.3	Blurred vision 368	Sleeping problems 780.5	Inner tension 799.2
Hayfever 477.8	Neck pain 723.1	Painful joints 719.4	Irritability 799.2
Asthma 493.9	Muscle spasms 781	Swollen joints 719	Gall bladder trouble 575.9
Loss of taste	Grinding in neck 719.68	Pins/needles in legs 782	Indigestion 536.8
Sore throat 462	Pain in shoulders 728.95	Swollen ankles 782.3	Intestinal gas 787.3
Thyroid trouble 246.9	Pins and needles in shoulders and arms 719.4	Cold feet 782	Low back pain 724.2
Twitching of face 351.9	Cold hands 782	Pain in legs/feet 719.46	Hernia 550.01
Loss of memory	Numbness in hands 782	Hip pain 719.45	Stroke 436
Fatigue 780.7	Prostate trouble 601.4	Shortness of breath 786.09	
Depression 311	Ulcers 534.9	Mid back pain 724.1	
Dizziness 780.4	Numbness in legs 782	Heart attacks 410.9	
Spinal curvature 737.43		High blood pressure 401.9	

Unlike most doctors, chiropractors do not treat symptoms. Instead, chiropractors look for and correct spinal mis-alignments (referred to as 'vertebral subluxation') which cause interference to either the normal function of the nervous system, or the spine itself. In either of these events, this interference is often the cause of the problems you are seeking help for. During your experience at our office, we hope to be able to show you the importance of getting the cause of your problem corrected and under control as opposed to merely making the symptoms feel better. As we see it, our job is to find out what is causing your problem, report to you those findings, make recommendations for care, outline your options for you, then do everything possible to help you accomplish your particular health goals. Therefore, so we can be guided by your wishes regarding health care, please check one of the following:

If finances were no concern, I would choose:

Symptom Treatment only                       Corrective Chiropractic Care  
 Corrective and Maintenance Chiropractic Care                       I need more information

If finances are a concern for you, the doctor will discuss your chiropractic needs with you. Financial plans will be discussed on your second visit.

I authorize Dr. Cheryl Snyder of Canton Chiropractic Life Center to complete a chiropractic examination, computerized examination, x-rays (if necessary) and chiropractic adjustments for the correction of spinal subluxations.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
If minor, parents signature \_\_\_\_\_

**Please do not write below this line.**