FARMER CHIROPRACTIC RECENT HISTORY QUESTIONAIRE

(Please Print) CONFIDENTIAL

Name: ……..…..Date: …... /…../……

Address:
……..

…….. Tel (H) …… Tel (M): ……..

Emergency Contact: Name …… Phone ……

Last Chiropractic adjustment at this clinic was ……. /……./…….

Please circle your YES or NO answer.

Have you had any **accidents**, **falls**, **injuries**, etc, since your last visit? YES / NO
If Yes please explain:
……
……
……

Have you had a **re-occurrence** of your **former problems**? YES / NO
What problems are you currently experiencing?
……
……
……

Do you have any **new problems** since your last visit? YES / NO
If yes, please explain:
……
……

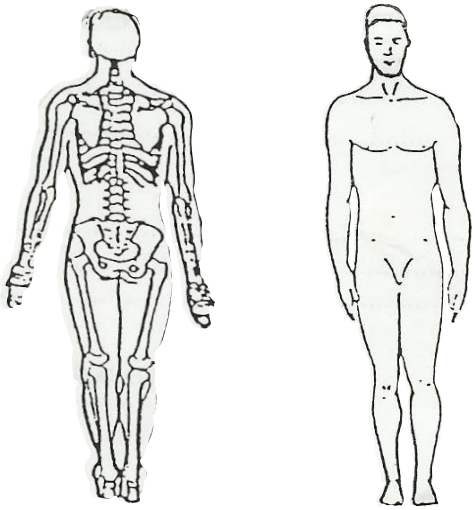
Have you **consulted another doctor** for any of the above conditions? YES / NO
If yes, please explain: Dr……
……
……
……

Have you had any **illnesses**? YES / NO If yes please explain:
……..
……

Do you suffer from or have been diagnosed with an **allergy**? YES / NO If yes please list……..
Have you had any **surgery**? YES / NO If yes please explain:
……....

Please circle the affected areas

L R R L



Is there anything else you want us to know?……
……

Your signature: ……

Thank you for time. We will update your records accordingly to ensure you receive the best care.