

Welcome to the **Muncy Chiropractic Center**

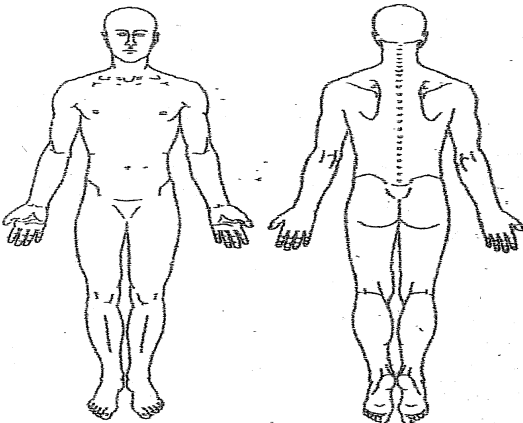
Name: _____ Gender: M F Today's Date: _____
 Birthday: ___/___/___ Age: ___ Phone: ___/___/___ Cell: ___/___/___
 Marital Status: S M W D Spouse's Name: _____ # of Children: ___
 Address: _____ City: _____ State: ___ Zip: _____
 E-mail address: _____ Occupation: _____ Student
 Employed by: _____ None Self employed Retired
 Type of Insurance: None Medicare GHP BC/BS Other: _____
 How did you find out about our office? Referral Face book Website Phone book Location
 Whom may we thank for your referral? _____ I was a previous patient

Complete for minor. Do we have permission to care for the above mentioned minor? Yes No
 Name of Guardian: _____ Signature: _____

Health History: General Health: Excellent Good Fair Poor Height ___' ___" Weight ___ lbs
 Diagnosed Illnesses _____
 Injuries _____
 Hospitalizations _____
 Surgeries _____

Are you taking Medications for: HBP Cholesterol Heart Depression Anxiety Diabetes
 Sleep Pain Thyroid Acid reflux Allergies Osteoporosis Blood thinner
 Other Medications _____ Do you take supplements: Yes No

Women: Pregnant Yes Due date: _____ Birth control Yes Nursing Yes



Place an X on the areas you feel pain

Chiropractic History: Where: _____ When: _____

Describe your reasons for seeking chiropractic care:

What do you want from your chiropractic care?

- Relief from my pain and discomfort
- Help with a specific health problem
- Reduction of my stress
- I would be interested in learning how I can improve my overall health and how to prevent future problems.
- More energy
- Better sleep
- Elimination of my allergies