

## Welcome Back to Anderson Chiropractic

In order to update our records and evaluate your new/present condition as thoroughly as possible, please complete this questionnaire. Your answers will help determine if chiropractic can help you or not. We hope we can! But, as always, if we do not sincerely believe your condition will respond satisfactorily, we will tell you. Thanks!

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Last time saw Doctor: \_\_\_\_\_

Updated Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Updated Phone Number: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

### **HEALTH INFORMATION:**

What is your reason for returning? \_\_\_\_\_

Is this a new or different condition? \_\_\_\_\_ If new, describe: \_\_\_\_\_

\_\_\_\_\_

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

Have you had this or similar conditions before? \_\_\_\_\_

What activities aggravate this condition? \_\_\_\_\_

Is this condition getting progressively worse? Yes \_\_\_ No \_\_\_ Constant \_\_\_ Comes and goes \_\_\_

Is this condition interfering with your: Work \_\_\_ Sleep \_\_\_ Daily routine \_\_\_ Other \_\_\_

Other doctors who treated this condition \_\_\_\_\_

List any surgical operations or medical procedures since we saw you last: \_\_\_\_\_

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Since you were here last have you been involved in any:

A car accident: No \_\_\_ Yes \_\_\_\_\_, If yes, when \_\_\_\_\_

A personal injury: No \_\_\_ Yes \_\_\_\_\_, If yes, when \_\_\_\_\_

A workers comp. No \_\_\_ Yes \_\_\_\_\_, If yes, when \_\_\_\_\_

\*E-mail address is used for our Newsletter only.