

**MAYER CHIROPRACTIC CONFIDENTIAL PATIENT INFORMATION**

The following information is needed for your files so we can better serve you as a patient. Please fill in all portions of the form. If you need any help, please ask our patient coordinator. Please print.

Date: \_\_\_\_\_ Who referred you to our office? \_\_\_\_\_

Is this visit due to an accident? Yes \_\_\_\_\_ No \_\_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_  
FIRST MIDDLE LAST

Sex: M F Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Marital Status: \_\_\_\_\_ # of children: \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip

Home #:(\_\_\_\_) \_\_\_\_\_ Work #:(\_\_\_\_) \_\_\_\_\_ Cell #:(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Would you like to receive health updates? Yes or No

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse: \_\_\_\_\_ Spouse SS#: \_\_\_\_\_

Spouse Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Phone#: \_\_\_\_\_

Briefly describe your symptoms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other doctors seen for this condition: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

Describe any operations you have had: \_\_\_\_\_ When: \_\_\_\_\_

Have you been treated by a physician for any health condition in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list all: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Are you pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of last menstrual period: \_\_\_\_\_

*Insurance:* Please present your insurance card/cards to be copies.

Name of person responsible for payment: \_\_\_\_\_ \*See Financial Policy for Details

★ What is the **BEST** way to contact you: Phone: \_\_\_ Cell \_\_\_ Home \_\_\_ Email \_\_\_ Text \_\_\_ Regular Mail

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

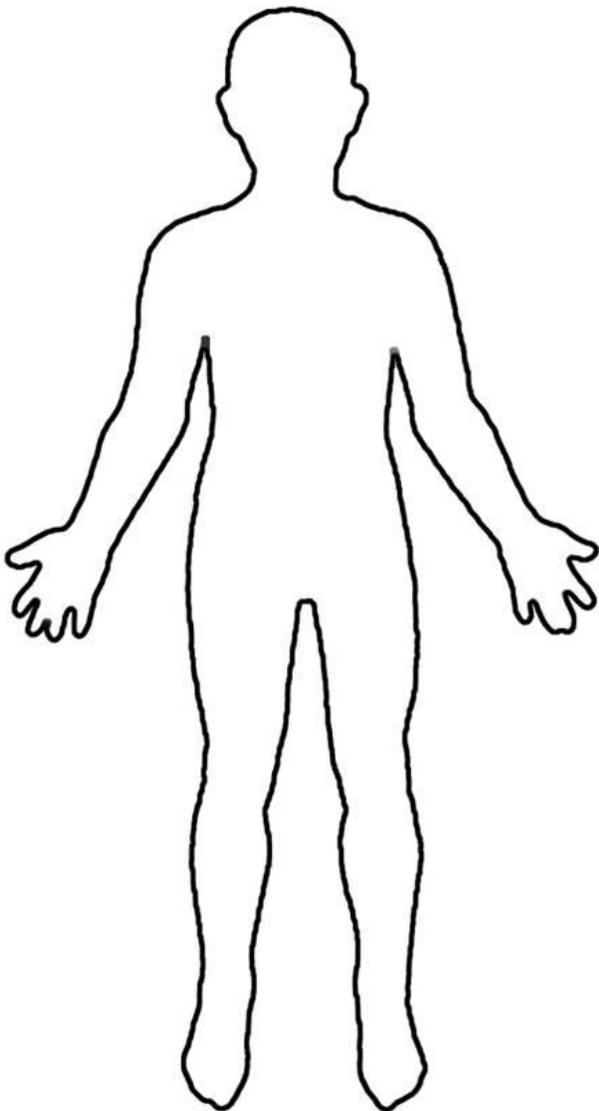
Spouse or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please TURN OVER and complete the back of this sheet.

The information you provide on this form will be useful to the doctor, and will help your exam go smoothly and as quickly as possible. If you are being evaluated for a painful condition, mark the drawings below according to how you feel today. Use the figure labeled “BACK” for pain on the back of your body. If you have any of the symptoms showing in the diagram, indicated where they are by writing in the following letter on the affected body part:

- B = Burning
- N = Numbness
- S = Stabbing
- A = Aching
- P = Pins & Needles

**FRONT**



**BACK**

