

**Clark
Chiropractic
Center**

PERSONAL HISTORY

Date _____

Name Last _____ First _____ M.I. _____

Address _____ Date of birth _____

City/ state/ zip _____ SS# _____

Home phone _____ Work phone _____

Cell phone _____ E-mail _____

Occupation/ employer _____

Hobbies and interest (What do you do for fun?) _____

Have you been to a chiropractor before? YES _____ NO _____

If yes, who and when _____

Have you been seen by a medical doctor in the past year? YES _____ NO _____

If yes, explain _____

What is your objective in coming to this office? _____

If you have no specific problem but are here to have your spine checked for vertebral subluxation, check here _____

Have you had any surgeries, falls, accidents, or injuries? YES _____ NO _____

If yes, please list what and when: _____

Number of children in your family _____

Are you pregnant? YES _____ NO _____

Signature _____

Patient, Parent, or Guardian's Signature Authorizing Care