



# Warner Family Chiropractic

6630 W. Cactus Road #B106

Glendale, AZ 85304

(623) 486-2000

[www.warnerfamilychiro.com](http://www.warnerfamilychiro.com)

Welcome to our office. We appreciate the opportunity to serve you. Please complete all the questions thoroughly.

File #
Date:

1. Last Name, First Name, Middle Initial <input type="radio"/> Female <input type="radio"/> Male		2. Date of Birth	3. Age	4. Email Address
5. Complete Address City/State/Zip			6. Home Phone #	
7. <input type="radio"/> Married <input type="radio"/> Single	8. Spouse's Name	9. # of Children	10. Referred By	11. Cell Phone #
12. Is it possible that you are pregnant? <input type="radio"/> Yes <input type="radio"/> No	13. Occupation	14. Employer & address	15. Work Phone #	
16. Please describe your chief complaint:			<input type="radio"/> O <input type="radio"/> P <input type="radio"/> Q <input type="radio"/> R <input type="radio"/> S <input type="radio"/> T	
17. Do you have health insurance? <input type="radio"/> Yes - Name _____ <input type="radio"/> No		18. Are you here because of an accident? (auto, work, etc) <input type="radio"/> Yes - Date _____ <input type="radio"/> No		
19. Have you been to a chiropractor before? <input type="radio"/> Yes - Where? _____ <input type="radio"/> No		20. If accident, do you have an attorney? <input type="radio"/> Yes - Name _____ <input type="radio"/> No		
<b>Past Medical History</b>	<b>Month/Year</b>	<b>Describe What Happened</b>		<b>Injuries</b>
21. List any surgeries, hospitalizations or severe illnesses.				
22. List ANY auto accidents. (even minor ones or old ones)				
23. List any injuries (falls, breaks, sprains, work related, etc.)				
24. List any prescribed or non-prescribed drugs you are taking now.	<b>Name of Drug</b>		<b>Reason for Taking</b>	

