

Hammett Clinic of Chiropractic

6500-67th St. Kenosha Wi. 53142 262-654-3141

Name _____ Birth date _____ Today's date _____ Sex M or F

Home Address _____ City _____ St. _____ Zip _____

Home/Cell Number _____ Email Address _____

SS# _____ Occupation _____ Marital Status M S D W

Emergency Contact: Name _____ Phone _____ Relationship _____

How did you find out about our office? Referral Internet Doctor Website Insurance Co.

Is this a New Injury? Y or N Is it work or Auto related? Y or N Is it an ongoing problem? Y or N

Why are you here? Main Symptom is _____

How did it happen? _____ How Long? _____ What makes it better or worse? _____

Is it getting better or worse? _____ What have you done to help? _____

Do you take Medications? Please List _____

How does it affect your daily life? _____ Pain Scale: 1 2 3 4 5 6 7 8 9 10 worst

Have you seen a Chiropractor before? When and Who? _____

Did your prior Chiropractic care help? _____ Make worse? _____

Do you have secondary Health problems? _____

Who is your Primary Medical Doctor? _____

Do you take Vitamins? Type? _____ Do you Exercise? _____

How would you rate your Stress levels? None 1 2 3 4 5 6 7 8 9 10 Max. Stress

The information provided above is true by my hand. I understand that today's office visit is to determine if I have a health problem that Chiropractic can help. I further understand that this is not a Medical office, that we do not provide Medical care or information. I also agree that I am fully responsible for any and all charges for services rendered. I authorize this Clinic to provide any information to third parties such as insurance companies any information needed for claims on my behalf.

Signature of Patient _____ Today's Date _____