

Chino Valley Family Chiropractic



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www.ChinoValleyFamilyChiro.com
Dr. Julie K. Weston
Dr. Anita L. Scheer

New Patient Intake Form

Please complete this form. If you have any questions, the receptionist is here to assist you.

Today's Date _____ Last Name _____ First Name _____ MI _____

Prefer to be called _____ Age _____ Birth date _____ M F SSN: _____

Whom may we thank for referring you? _____

Mailing Address _____

(street) (City) (State) (Zip)

Phones: Home _____ Work _____ Cell _____

e-mail address _____

Marital Status Single Married Divorced Widowed Domestic Partnership

Occupation _____ Employer _____

Emergency Contact _____ Phone _____

Relationship: Spouse / Partner Child Parent Friend Other _____

Have you received Chiropractic care in the past? Yes No When _____

If yes, please give the name of the Chiropractor _____

Please describe the reason for previous care _____

Name of your Medical Doctor _____

Reason(s) for seeking chiropractic care starting with the most important to you:

	Area of concern/interest	Approximate Date Started
1.	_____	_____
2.	_____	_____
3.	_____	_____

What is one thing about your health/life that you would love to change?

Health Risk Factors

Do you smoke?	Yes	No	Packs/day _____
Do you drink alcohol?	Yes	No	Drinks/week _____
Do you drink coffee/caffeine drinks?	Yes	No	Cups/day _____
Do you have a healthy diet?	Yes	No	_____
Do you exercise regularly?	Yes	No	_____
Do you sleep well?	Yes	No	_____
Is your job stressful?	Yes	No	_____
How much water do you drink per day?			_____ Glasses per day

Can you think of any other habit or activity that has a positive or negative effect on your health? Yes No If yes, please explain _____

