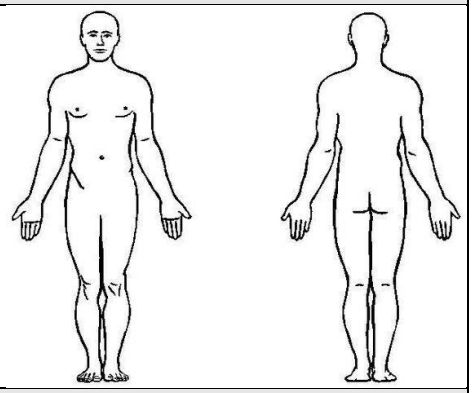
RYNK CHIROPRACTIC

PATIENT INTAKE FORM

PATIENT INFORMATION			
Today's Date:	First Name:	Middle initial:	Last Name:
Gender: ☐ M ☐ F	Date of Birth (MM/DD/YY):	Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed	
Occupation:		Employer:	
How did you hear about us? ☐ Website ☐ Ad ☐ Referral (Who? _____) ☐ Other:_____			

CONTACT INFORMATION	
Home Address:	
Phone (☐ Cell ☐ Home ☐ Work):	Email:
Second Phone (☐ Cell ☐ Home ☐ Work):	Preferred method of communication? ☐ Phone ☐ Text ☐ Email
Emergency Contact: (Name)	(Phone)

PATIENT HISTORY	
Reason for today's visit:	Please mark the area(s) where you are experiencing pain and/or discomfort. 
When did your symptom(s) start?	
How often do you have this symptom?	
Rate your pain level: (No Pain:0, Extreme Pain: 10)	
Type of pain: ☐ Dull ☐ Sharp ☐ Throbbing ☐ Burning ☐ Aching ☐ Deep ☐ Tingling ☐ Stabbing ☐ Cramping ☐ Numbness ☐ Radiating	Height:
What makes it worse?	Weight:
What makes it better?	Clinic Use Only:
Have you experienced this symptom(s) before? ☐ Yes ☐ No If yes, when?	BP: _____/_____

HEALTH HISTORY				
Please check all that apply:				
☐ Neck Pain	☐ Elbow Pain	☐ Headache	☐ AIDS/HIV	☐ Asthma
☐ Low Back Pain	☐ Sciatica	☐ Migraine	☐ Alcoholism	☐ Fractures
☐ Shoulder Pain	☐ Disc herniation	☐ Cancer	☐ High Blood Pressure	☐ Rheumatoid
☐ Knee Pain	☐ Osteoporosis	☐ Tumors	☐ Diabetes	☐ Thyroid Disorders
☐ Ankle Pain	☐ Osteopenia	☐ Stroke	☐ Hepatitis	☐ Parkinson's
☐ Hip pain	☐ Fused/Fixed Joints	☐ Seizures	☐ Tuberculosis	☐ Pneumonia
☐ Wrist Pain	☐ Arthritis	☐ Allergies	☐ Appendicitis	☐ Other _____

Previous Injuries/Surgeries:	Description	Date
☐ Surgeries		
☐ Accidents/Fractures		
☐ Hospitalizations		
☐ Other		

If Female, are you pregnant? ☐ Yes ☐ No ☐ Not sure	If yes, how many weeks? Expected due date? _____
Current Prescriptions or over-the-counter medications:	
Family Health History: (Check all that apply) ☐ High blood pressure ☐ Cancer ☐ Stroke ☐ Heart Disease ☐ Diabetes ☐ Tumors ☐ Seizures	

_____ _____

(Patient or Legal Guardian Signature) (Date)