

**APPLICATION for PREGNANT PATIENT**

**Welcome to our Practice! Please thoroughly complete all questions. Thank you.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Marital status: M/W/D/S

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

Your previous Chiropractor and date of last visit: \_\_\_\_\_

Chiropractic techniques you've had success with: \_\_\_\_\_

Your employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Circle or mark area(s) of  
Health Concerns

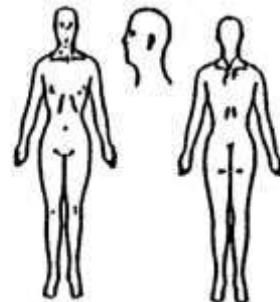
Spouse's occupation: \_\_\_\_\_

OB/Midwife: \_\_\_\_\_

Due date: \_\_\_\_\_

Other children's names & ages: \_\_\_\_\_

Please explain any difficulty with any prior deliveries: \_\_\_\_\_



Health reasons for consulting our office:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Have you had same or similar problem(s) before? \_\_\_\_ Yes \_\_\_\_ No

How long? \_\_\_\_\_ Please Explain: \_\_\_\_\_

\_\_\_\_\_

Surgery you have had: \_\_\_\_\_

Medication(s) you currently take: \_\_\_\_\_

List the foods you eat daily and summary of your diet habits

\_\_\_\_\_

What type of exercises do you do? \_\_\_\_\_

Date of last x-rays if any \_\_\_\_\_ Why and by whom? \_\_\_\_\_

What have you heard about chiropractic care?

\_\_\_\_\_

Do you know what a subluxation is? If yes, please describe:

\_\_\_\_\_

What daily rituals for spinal health do you presently practice?

\_\_\_\_\_

Do you have health insurance? \_\_\_\_\_ Name of company: \_\_\_\_\_

Method of payment for first visit:

\_\_\_\_\_Cash \_\_\_\_\_Check \_\_\_\_\_Credit Card

**The above information is true and accurate to the best of my knowledge. My reason for consultation with the doctor is for evaluation of my physical health and the potential for improvement.**

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_