Primghar Chiropractic Center
Heather J. Einck. D.C.

Confidential Patient Case History

Date_____ Name_____ Date of Birth_____ M____ F____

Address _____ City_____ Zip_____ Home Phone_____

Box Number _____ Work Phone _____ Cell Phone_____

Soc. Sec # _____ E-mail _____ Carrier for cell _____

Marital Status: M S W D Children, Ages_____ Spouse's Name _____

Occupation _____ Employer _____

Weight _____ Height _____ Blood Pressure _____

Insured's date of birth_____ Spouse's SSN#_____

Referred by: _____

How did you hear about our office: ( ) Newspaper ( ) Radio ( ) Yellow Pages ( ) Other

Describe reason for visit: _____ Explain how it started: _____

When did this begin to bother you: _____

Have you had a similar condition: ( ) yes ( ) no if yes, when? _____

Is this condition due to injury or sickness arising out of **employment**? ( ) yes ( ) no
Is this condition due to injury or sickness arising out of auto or other **accident**? ( ) yes ( ) no

Number of days lost from work?_____
Date symptoms first appeared or accident happened_____

Person to contact if Emergency_____ Relationship_____

Address _____ Phone _____

Physician's name _____ Phone _____

Are you currently under the care of a physician? _____
Are you taking any prescription or over the counter drugs? _____

List all medications and dosages: _____

List of surgeries you have had and when: _____

Present and past illnesses _____ When? _____

Have you been treated by a chiropractor in the past? ( ) yes ( ) no

Describe? _____ Allergies _____

Signature _____ Date _____

Parent/ Guardian _____ Date _____