

Gutierrez Chiropractic Welcomes you!

#1 about you

Today's Date: _____ / _____ / _____	File #: _____			
Name: _____	Preferred Name: _____	Sex: M F		
Birthdate: _____ / _____ / _____	Age: ____	SS#: _____ / _____ / _____	Home Phone: _____	Cell: _____
Home Address: _____	City: _____	State: ____	Zip: _____	
Referred By: _____				
Employer: _____	How Long: _____	Occupation: _____	Work Phone: _____	
Employers Address: _____	City: _____	State: ____	Zip: _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Spouses Name: _____			
Referred By: _____				

#2 Insurance Info - Please Inform Front Desk of 2nd Insurance Source

Company Name: _____	Group # _____	(Plan, Local or Policy #)	
Address: _____			
City: _____	State: ____	Zip: _____	Phone #: _____
Insured's Name: _____	Insured's SS# _____		
Relation: _____	Date of Birth: _____ / _____ / _____		
Insured's Employer: _____			

#3 Reason For Visit

Have you ever been treated by a Chiropractor before? Yes No

If so, Please Explain: _____

The Reason for this visit is a result of (Please Circle): Work, Sports, Auto, Trauma or Chronic

(Explain What Happened): _____

Please describe the pain and its location: _____

When did the condition begin? _____ / _____ / _____ Is it getting worse? Yes No Constant Comes and Goes

Is this condition interfering with your (Please Circle): Work Sleep or Daily Routine

If so, please explain: _____

Have you had this or similar conditions in the past? Yes No

If so, please explain: _____

Have you ever been treated by a Medical Physician for this condition? Yes No

If so, Where? _____