

SUNSHINE CHIROPRACTIC CENTER

120 EAST OAKLAND PK BLVD
 SUITE 106
 WILTON MANORS FL. 33334

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DR. BETH COOPER
 954-390-0818

Today's date:											
PATIENT INFORMATION											
Patient's last name:			First:		Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.		<input type="checkbox"/> Miss <input type="checkbox"/> Ms.		
Marital status (circle one) Single / Mar / Div / Sep / Wid/ Domestic Partner											
Is this your legal name?		If not, what is your legal name?			(Former name):			Birth date:		Age:	Sex:
<input type="checkbox"/> Yes <input type="checkbox"/> No								/ /			<input type="checkbox"/> M <input type="checkbox"/> F
Street address:					Social Security no.:			Home phone no.:			
								()			
Cell Phone #:			City:			State:		ZIP Code:			
Occupation:			Employer:				Employer phone no.:				
							()				
Referred by:					<input type="checkbox"/> Dr.		<input type="checkbox"/> Insurance Plan		<input type="checkbox"/> Hospital		
<input type="checkbox"/> Family <input type="checkbox"/> Friend		<input type="checkbox"/> Close to home/work		<input type="checkbox"/> Yellow Pages		<input type="checkbox"/> Other					
Other family members seen here:											

Your email address: _____ DO YOU PREFER: EMAIL PHONE TEXT

Describe your chief complaint or problem _____

Have you had a prior diagnosis? _____

Do you have any other health problems or conditions? _____

Have you had chiropractic care before?? YES / NO Why did you stop: _____

Do you have health insurance? YES / NO NAME OF INSURER: _____

Are you here due to: _____ wellness care _____ on the job injury _____ auto accident

Have you ever had any falls, auto accidents or injuries?? YES / NO WHEN? _____

Describe any surgeries you have had: _____

List all medications/supplements and why you are taking them: _____

<u>Date (s) of Accident</u>	<u>Type of Accident(s)</u>	<u>Injuries Sustained</u>

What is your understanding of chiropractic? NONE - SOME - A LOT

Do you know anybody who could benefit from Chiropractic Care? _____