

Borer Family Chiropractic

Chiropractic · Nutrition · Massage

Please take a few moments to fill out this questionnaire. This will help us serve you better!

Name: _____ D.O.B.: _____ Date _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Type of Employment: _____ Any Lifting involved? YES NO

Do you have health insurance? YES NO Name of insurance carrier: _____

Please circle any answers that apply:

1. How did you hear about us? Coupon, Internet, or Referred by: _____

2. Have you ever had chiropractic care before? YES NO Did it help? YES NO How long ago? _____

2. Have you ever had massage therapy before? YES NO Did it help? YES NO How long ago? _____

3. Are you presently being seen by a doctor? YES NO

4. Are you presently being seen by a chiropractor? YES NO

4. Are you presently visiting a massage therapist on a (semi) regular basis? YES NO

5. Females: Are you Pregnant? YES NO

6. Do you presently have any of the symptoms below? Circle any that apply

NECK PAIN

SHOULDER PAIN

LEG NUMBNESS

LOWER BACK PAIN

RADIATING LEG PAIN

HEADACHES

NUMBNESS

TINGLING

NAUSEA

BLURRED VISION

RINGING OF EARS

ANKLE FOOT PAIN

KNEE PAIN

HIP PAIN

FIBROMYALGIA

MID BACK PAIN

SKIN DISORDERS

OTHER _____

7. Have you been involved in a motor vehicle accident with 1 year? YES NO

8. Have you been involved or are you being treated for a work related injury? YES NO

9. Have you been involved in any slip and fall or personal injury claim within a year? YES NO

10. Do you have any other persons you would like us to contact for a \$19 1-hour Massage?

Name of Person: _____ Phone: _____

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