Cortez Chiropractic

Dr. Kiviok Hight
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Patient Name:_____ **Date:**_____

Address_____City_____ State _____ Zip Code _____

H. Phone _____W. Phone_____ Cell Phone _____

Email Address: _____ Social Security #_____

Sex: M F Marital Status: M S D W Date of Birth_____ Age_____

Height_____ Weight_____

Insurance Information _____ Insurance ID# _____

Occupation_____

Employer_____

Referred by: _____

Have you ever received Chiropractic Care? Yes No If yes, when? _____
Name of most recent Chiropractor: _____

1. **Reasons for seeking chiropractic care:**

Primary reason:
_____

Secondary reason:
_____

2. **Previous interventions, treatments, medications, surgery, or care you've sought for your complaint(s):**
_____
_____
_____

3. **Past Health History:**

   A. **Please indicate if you have a history of any of the following:**
   □ Anticoagulant use □ Heart problems/high blood pressure/chest pain □ Bleeding problems
   □ Lung problems/shortness of breath □ Cancer □ Diabetes □ Psychiatric disorders
   □ Bipolar disorder □ Major depression □ Schizophrenia □ Stroke/TIA's □ Other _____
   □ None of the above

   B. **Previous Injury or Trauma:**
   _____

   Have you ever broken any bones? Which?
   _____

   C. **Allergies:** _____