

Cortez Chiropractic

Dr. Kviok Hight

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www.cortezchiropractic.com

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

D. Medications:

Medication

Reason for taking

E. Surgeries:

Date

Type of Surgery

F. Females/ Pregnancies and outcomes:

Pregnancies/Date of Delivery

Outcome

Family Health History:

Do you have a family history of? (Please indicate all that apply)

- ☐ Cancer ☐ Strokes/TIA's ☐ Headaches ☐ Cardiac disease ☐ Neurological diseases
☐ Adopted/Unknown ☐ Cardiac disease below age 40 ☐ Psychiatric disease ☐ Diabetes
☐ Other _____ ☐ None of the above

Deaths in immediate family:

Cause of parents or siblings death

Age at death

Social and Occupational History:**A. Job description:****B. Work schedule:****C. Recreational activities:****D. Lifestyle (hobbies, level of exercise, alcohol, tobacco and drug use, diet):**