## ADVANTAGE CHIROPRACTIC

Dear Patient,

Please complete this questionnaire. Your answers will help us determine if chiropractic can help you. If we do sincerely believe your condition will respond satisfactorily, we will accept your case. Thank you.

ne	Middle Initial
_City	StateZip
Cell Number (	)
_ How were you ref	Cerred to us?
Work Nu	umber( )
Age: So	ocial Security #:
ame:	Number of Children
Telephon	e # ( )
Telephone	e # ( )
I If yes, when and w	who?
r pain and symptom	s?
sNoCons	tantComes and Goes
_ Sleep Daily ro	outine Other
lers Muscle r	elaxers
far long?	Nursing? Yes No
Uncomfortable	
	_ Arch supports
Past 5 years	Over 5 years
	_City _Cell Number ( _How were you ref Work Nu Age: Sconse Telephon