



Ontario Family Chiropractic

Cold Laser • Spinal Decompression • Massage

NEW PATIENT INTAKE

Name: _____ Today's Date: _____

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

Home Phone: (____) _____ - _____ Cell: (____) _____ - _____ Work: (____) _____ - _____

Email: _____ Male: _____ Female: _____ Birthday: _____ Age: _____

Single: _____ Married: _____ Spouse's Name: _____

Occupation: _____

Employer Name and Address: _____

Have you seen a Chiropractor before? Yes No If yes, where? _____

Whom may we thank for referring you to our office? _____

Your Health Summary

Please check all symptoms you have ever had, even if they do not seem related to your current problem.

Headaches

Pins and Needles in legs

Fainting

Pins and Needles in arms

Loss of smell

Back Pain

Dizziness

Buzzing in ears

Ringing in ears

Numbness in fingers

Numbness in toes

Loss of taste

Sleeping problems

Depression

Irritability

Fatigue

Lights bother eyes

Cold hands

Diarrhea

Neck stiff

Fever

Cold sweats

Constipation

Problem urination

Mood Swings

Menstrual Pain

Menstrual irregularity

Neck Pain

Loss of Balance

Nervousness

Stomach upset

Tension

Cold Feet

Hot Flashes

Heartburn

Ulcers

List any medications you are taking:

This office conforms to the current HIPAA guidelines. You may request a copy of our HIPAA policy at the front desk. Please initial to indicate you have been made aware of its availability: _____

These statements made on this form are accurate to the best of my recollection and I agree this office to examine me for further evaluation.

- I authorize payment of medical benefits to this office. Fees may be applied to balances over 90 days.
- I will allow this office to treat me, with other health care providers present, and to record my medical information, including consultation and examination, for documentation purposes, if necessary.
- I allow this office to contact me via email, text message, or phone for scheduling and clinical need.

Patient Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

**It's not about the pain.
It's all about what you will do when the pain is gone.
What do you have planned?**