

**Chandler Family Chiropractic
2024 Ravenwood Plaza
Siloam Springs, AR 72761-5570**

**“The Family Practice”
www.drchandler.net
(479) 524-5555**

Name: _____
Preferred Name: _____
Address: _____
City, ST Zip: _____
Phone: _____

Date of Birth: _____
SSN: _____
Employer: _____
Marital Status: S M D W
Spouse's Name: _____

Number of Children & Ages

Child#1 _____	Age _____	Yes	No	Reason: _____
Child#2 _____	Age _____	Yes	No	Reason: _____
Child#3 _____	Age _____	Yes	No	Reason: _____

Previous Chiropractic Care?

You deserve to be healthy. Life is a miracle and so are you! When you were created, you were given all the blueprints, intelligence, tools, and systems to live an active healthy life. Unfortunately, your health can be interfered with through accidents and challenges that cause a disruption to your health expression. Through your examination and through your lifetime involvement in chiropractic care, we will work to remove these interferences to your natural health expression so that you can live the quality of life you deserve.

Check All That Apply:

Patient Spouse Child#1 Child#2 Child#3

Was Your Birth Traumatic?

- Long delivery?
- Difficult delivery?
- Forceps?
- Caesarian?
- Breach/Cephalic?
- Home birth?
- Mother given drugs during delivery?
- Induced labor?

Growth & Development:

Did You Ever Once...

- Learn to care for your spine?
- Breastfeed?
- Have childhood illness/sickness?
- Have any accidents?
- Have surgery?
- Experience child abuse?
- Fall down the stairs?
- Experience other traumas?

Current Health Habits:

Did you or Do you?

- Smoke?
- Drink?
- Drugs (Prescriptive or Other)?
- Diet (Eat healthy foods)?
- Have eye problems?
- Have hearing problems?
- Exercise regularly?
- Have sleeping problems?
- Have occupational or mental stress?

Current Health Condition:

Primary Complaint or Reason for your visit today (be brief)?

Major: _____

Pain or Problem Started On: _____ **If Pain, check all that apply:**

Sharp/Stabbing Dull/Ache Burning Constant Intermittent

Activities that aggravate condition?

Sitting Standing Riding in Car Lying on Stomach Stretching
Heat Cold Exercise Walking

Activities that lessen your condition?

Sitting Standing Riding in Car Lying on Stomach Stretching
Heat Cold Exercise Walking

Is condition interfering with... Work? Sleep? Daily Routine?

Is condition getting progressively worse? Yes No

Other Doctors seen for this condition: _____

Any home remedies: _____

Other symptoms: (check all that apply)

Headaches Acid Reflux Light Bother Eyes Feet Cold
Chest Pains Depression Loss of Memory Hands Cold
Allergies Pins & Needles in Legs Ears Ring Stomach Upset
Back Pain Pins & Needles in Arms Fever High BP
Nervousness Numbness in Fingers Fainting Loss of Balance
Constipation Numbness in Toes Cold Sweats Ear Infections
Diarrhea Shortness of Breath Loss of Smell Neck Pain
Fatigue Loss of Taste Dizziness Neck Stiffness

Is it possible that you could be pregnant? **YES** **NO**

What medications are you taking? _____

Have you had surgery? **YES** **NO** For what? _____

What side effects have you experienced from the drugs or surgery? _____

Upon the completion of your first visit, you will receive a Chiropractic Report to discuss the different types of **Active Life Plans** that are available to you. **Chiropractic Active Life Plans** are designed to help get you feeling better quickly and to help you and your family be as healthy as possible. Please review the explanations of the **Chiropractic Active Life Plans** prior to your Chiropractic Report appointment so you can choose the level of participation that supports you in reaching all of your health goals.

As a result of my chiropractic care, I would like to: (check all that apply)

Feel better quickly Have a healthier body by keeping my nervous system healthy
Have a healthier spine Live a healthier lifestyle

Signature

Date

*I have been provided a copy of the **Privacy Practices**, I have read & understood them.