

Today's Date: _____ Patient Name: _____

What is your email address that you prefer to have communication sent to you from this office?

Contact Method (check one) Home Phone___ Mobile Phone___ Work Phone___ Home Email___ Work Email___

Race (check one) White___ Black/African American___ Hispanic___ American Indian/Alaskan Native___
Asian___ Asian Indian___ Chinese___ Filipino___ Japanese___ Korean___ Vietnamese___
Native Hawaiian or other Pacific Island___ Guamanian or Chamorro___ Samoan___ I choose not to specify___
Multi-Racial (check one) Yes___ No___ Unknown___

Ethnicity (check one): Hispanic or Latino___ Not Hispanic or Latino___ I choose not to specify___

Preferred Language (check one) English___ Spanish___ Other_____ I choose not to specify___

Do you currently smoke tobacco of any kind? __Yes __Never been a smoker __Former smoker

If yes, How often do you smoke: __Current Everyday smoker __Current Someday smoker

If yes: What is your level of interest in quitting smoking?

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|-----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
|---|---|---|---|---|---|---|---|---|---|----|-----|

List current PRESCRIBED medications including dosage, if known. If NONE taken check here:___

1)_____ 2)_____

3)_____ 4)_____

5)_____ 6)_____

7)_____ 8)_____

List any known allergies that you have to any medications. If no allergies are known then check here:___

1)_____ 2)_____

What are your main health problems? Briefly list the name of your problem(s):

Has any doctor diagnosed you with Hypertension presently? __Yes __No If yes, what kind? _____

Has any doctor diagnosed you with Diabetes presently? __Yes __No If yes, what kind? Type I or II ?

Has any doctor diagnosed you with any type of significant health syndrome presently? Yes___ No___ Not Sure___

If yes, what kind? _____

Have you had an X-ray or CT scan or MRI of your low back spine in the past 28 days? Yes ___ No ___

To be performed by clinic staff: Height:_____ Weight:_____ BP: _____/_____