

Newbold Chiropractic

Phone 650-726-3300

Massage Intake

ABOUT YOU

Today's Date: _____ Name: _____

Birthday: _____

Mailing Address: _____

Home Phone: _____ Work: _____ Cell: _____

Email address (to receive newsletter, will not be given out): _____

In the event of an emergency whom should we contact? _____

Relation: _____ Phone _____

How did you hear about us? _____

REASON FOR VISIT

Explain the reason for your visit: _____

Have you ever been treated by a Medical Physician for this condition? Yes No

If so, where? _____

Have you ever been treated by a Chiropractor for this or any other reason? Yes No

If so, please explain: _____

HEALTH HISTORY

Please list any serious medical conditions you have or have ever had: _____

List previous surgeries/treatments with dates: _____

Serious accidents with dates: _____

Do you have any allergies? _____