Salanger Chiropractic

New Patient Intake Form

7204 Clairemont Mesa Blvd, San Diego, CA 92111 · (858) 565-8645

Patient Information

FULL NAME

DATE OF BIRTH

TODAY'S DATE

ADDRESS

CITY / STATE / ZIP

PHONE

EMAIL

OCCUPATION

EMERGENCY CONTACT

EMERGENCY PHONE

Insurance

INSURANCE CARRIER

MEMBER ID

GROUP #

IS THIS RELATED TO AN AUTO ACCIDENT OR WORK INJURY? (CIRCLE) AUTO / WORK / NEITHER

Reason for Today's Visit

MAIN COMPLAINT / WHERE DOES IT HURT?

WHEN DID IT START? WHAT MAKES IT BETTER OR WORSE?

PAIN LEVEL (0–10)

HAVE YOU HAD THIS BEFORE? (Y/N)

Health History — check any that apply

- ☐ Headaches / migraines
- ☐ Neck pain
- ☐ Back pain
- ☐ Sciatica / leg pain
- ☐ Numbness / tingling
- ☐ Arthritis
- ☐ High blood pressure
- ☐ Diabetes
- ☐ Heart condition
- ☐ Osteoporosis
- ☐ Prior surgery
- ☐ Pregnant

CURRENT MEDICATIONS

ALLERGIES

PRIOR INJURIES / SURGERIES

Consent

I certify the above information is accurate. I consent to a chiropractic examination and to care as discussed with my doctor. I understand chiropractic care is provided to help restore function and relieve pain, and that results vary by individual. I authorize the release of records necessary to process insurance or claims.

PATIENT (OR GUARDIAN) SIGNATURE

DATE

Bring this completed form to your first visit, or arrive 10 minutes early to fill it out. Questions? Call or text (858) 565-8645.