



# Pruitt Chiropractic Clinic

11943 Cumming Hwy \* Canton, GA 30115 \* Telephone 770-887-7618 \* Fax 770-887-5961

## Patient Information & Case History

Date \_\_\_\_\_

### PERSONAL INFORMATION

Full Name \_\_\_\_\_ Patient# \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security# \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Single  Married  Widow/Widower  Separated  Divorced Sex:  M  F Age \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Company & Address \_\_\_\_\_  
 Policy/ID# \_\_\_\_\_ Group# \_\_\_\_\_  
 Name & Address of Insured \_\_\_\_\_

### CHIROPRACTIC HISTORY

Have you had previous Chiropractic care? \_\_\_\_\_  
 Who referred you to our office? \_\_\_\_\_

### CURRENT CONDITION

#### Why Are You Here?

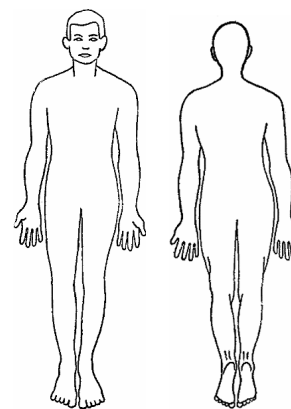
1. \_\_\_\_\_  
 \_\_\_\_\_

Date that it started? \_\_\_\_\_

2. \_\_\_\_\_  
 \_\_\_\_\_

Date that it started? \_\_\_\_\_

**Please Indicate the Area of Your Pain on the Illustration >>**



Have you consulted any other Doctors for this condition?

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_

### PERSONAL HEALTH HISTORY

List any accidents, injuries, or broken bones:

What \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_  
 What \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_

List any surgeries you have had:

Type \_\_\_\_\_ When \_\_\_\_\_ Doctor \_\_\_\_\_  
 Type \_\_\_\_\_ When \_\_\_\_\_ Doctor \_\_\_\_\_

What medications do you take regularly? \_\_\_\_\_