

Bates FAMILY CHIROPRACTIC

457 CARMEN DRIVE - CAMARILLO, CA 93010
(805) 389 - 9222

Name _____ Referred by _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Date of Birth _____ Age _____ Height _____ Weight _____ SSN _____ Male Female
E-mail _____
 Single Married Other #of Children _____ Name of Spouse (or parent) _____
Employer _____ Occupation _____
Address _____ City _____ State _____ Zip _____

Have you ever had Chiropractic care before? _____ Doctor's name _____ Date of last visit _____
Family physician _____ What city are they located in? _____

If you are experiencing any pain (neck, mid back, low back, headaches, etc.), health problems, and/ or other complaints, please list in order of severity and indicate how long you've been experiencing pain.

1. _____ For how long? _____
2. _____ For how long? _____
3. _____ For how long? _____
4. _____ For how long? _____

Has this problem been getting worse or staying the same? _____
Currently or in the past have you ever experienced any of these complaints while working? _____
What activities at work may be causing you to experience these complaints? _____
What other activities, incidents, or events outside of work may have caused these complaints?(if any) _____

Have you been involved in an auto accident in the last 12 months? _____ Date of accident: _____
Do you have an attorney representing you for this auto accident? _____ Attorney: _____
How many other passengers were in the car with you? _____
Please list other doctors consulted for these conditions: _____

Have you ever had any surgeries or hospitalizations? _____ Please list: _____
Please list any current or past injuries and illnesses not listed above: _____

Please check all medications (OTC and prescribed) you are currently taking: Aspirin/ Tylenol Pain Killers
 Muscle Relaxers Insulin Birth Control Pills Sleeping Pills Anti-Depressants
 Others _____

Health Insurance Company _____ Policy Number _____
Policy Holder Name _____ D.O.B. _____ Relationship: Self Spouse Child

