

**Practice Application:  
Please complete this form and then return to the receptionist.**

Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Middle) \_\_\_\_\_ Title \_\_\_\_\_  
 Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
 Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone: Home/Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
 E-mail address \_\_\_\_\_

**Referral Information**

How did you find out about Sherman College Health Center?  
 Advertisement     Medical Referral     Health Talk     Newsletter     Live Nearby  
 Spinal Screening     Google     Facebook     Yelp     Other  
 Sherman College Personnel \_\_\_\_\_  
 Referral Source (name) \_\_\_\_\_

Marital Status:  S    M    W    D                      Number of children: \_\_\_\_\_  
 Person to contact in case of emergency.    Name: \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Female Patients:** Is there any possibility you are pregnant? \_\_\_\_\_  Yes    No

**Current Employer & Address:**  
 Name: \_\_\_\_\_

**Free Time activities; Sports, other Physical Activities, and Hobbies:**  
 Type of activity                                      Frequency  
 \_\_\_\_\_

**Previous Chiropractor Seen:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Spinal X-rays taken: Y N Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Last M.D. Seen (or other Health Care Provider):** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Date of last visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Why are you seeking chiropractic care?** \_\_\_\_\_

**Other Health Care Providers seen for this condition:**

Date	Condition	Name and Type (MD, DO, DC, etc.)	Results
_____	_____	_____	_____
_____	_____	_____	_____

Were you advised to restrict activities by any other Health Care Provider?  Yes    No

If yes, explain: \_\_\_\_\_

Is this related to a work or auto accident?  Yes    No

Are you in litigation for any accidents? (Auto, Worker's Comp, etc.)  Yes    No