

**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