



# Dr. Michael Duncan, Chiropractor

## Practice Member History and Information

For Doctor's Use

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (H W Cell) \_\_\_\_\_ (H W Cell) \_\_\_\_\_ (H W Cell) \_\_\_\_\_

Email address \_\_\_\_\_ **← Please print clearly** (*Very, very important! For office closings, all receipts, essential notifications, schedule changes, bulletins, etc...Your information will be protected, we promise!*)

Date of Birth \_\_\_\_\_ Age \_\_\_\_ Spouse/Partner's Name \_\_\_\_\_ No. of Children \_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

***Chiropractic is not about a treatment or cure for disease. Chiropractic is for the removal of interference to the nervous system and restoration of function and communication within the body so that your body may express its fullest potential for life and healing.***

How did you hear about this office? \_\_\_\_\_

Previous chiropractic care? Y N If Yes, time under care \_\_\_\_\_ Reason for

discontinuing care? \_\_\_\_\_ Good experience? Y N

Medical History (please include all health conditions for which you've been treated, or suffer from)

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any Surgeries/Hospitalizations? If Yes, list: \_\_\_\_\_

\_\_\_\_\_

Have you ever had any Traumas/Falls/Accidents? If Yes, list: \_\_\_\_\_

\_\_\_\_\_

Do you take Drugs/Medications/Supplements? If Yes, list: \_\_\_\_\_

\_\_\_\_\_

Exercise \_\_\_\_\_ Hobbies \_\_\_\_\_

Stress: Work \_\_\_\_\_ Personal life \_\_\_\_\_ Health \_\_\_\_\_ General worry \_\_\_\_\_

*Please rate from 1 (bliss) to 10 (nervous breakdown)*

What is your reason for visiting our office? \_\_\_\_\_

\_\_\_\_\_

Have you seen any other doctor's about this? Y N If yes, list outcome/treatment: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you!**