

Hoyle Chiropractic

"Your Connection to Better Health"

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell _____ Business _____

Date of Birth _____ E-Mail _____

Height _____ Weight _____ Blood Type (if known) _____

Who referred you to our office? _____

Job/Profession _____ Primary Care Physician _____

Are you seeing another healthcare provider? _____ If yes, whom? _____

Do you use or have you ever used (check all that apply):

_____ Alcohol – how many glasses per week is usual? _____

_____ Nicotine – number of packs (or chew) per day _____

Prescription Medications:

Name of prescription:

What are you taking it for?

Vitamins or Supplements:

Name of Vitamin/Supplement:

What are you taking it for?

Are there food you avoid because of possible sensitivities? _____ If yes, what? _____

Do you follow any particular food diet or have special dietary habits? Y N

If yes, please specify _____

Have you gained or lost more than 20 lbs in the last year? Y N

Please list any exercise and frequency: (ex. Swimming, cycling, walking, etc.)

Exercise _____ Hours per week _____

Do you have or have you ever had (check all that apply):

_____ Anemia _____ Appendicitis _____ Arthritis _____ Cancer (specify) _____

_____ Chronic Bronchitis _____ Chronic Headaches _____ Colitis _____ Diabetes

_____ Endometriosis _____ Ovarian Cysts _____ Gall Bladder Problems

_____ Heart Disease _____ Hepatitis _____ Herpes Simples, Fever Blisters, Cold Sores

_____ High Blood Pressure _____ Hysterectomy (Ovaries removed?) Y N

_____ Kidney Infection _____ Liver Problems _____ Loss of Balance

_____ Neurological Problems _____ Parasitic Infection _____ Pneumonia

_____ Seizures _____ Thyroid Problems _____ Ulcers

_____ Any Allergies: List: _____

Have you ever been treated for cancer? Y N

If yes, please explain _____

Please list your top 5 physical complaints that brought you into our office today:

1. _____
2. _____
3. _____
4. _____
5. _____

What are your long-term health goals (circle all that apply):

1. Help with immediate health issue
2. Weight Loss
3. A complete wellness program