



**Chiro Idaho**  
 3137 S. Meridian Rd.  
 Suite 110  
 Meridian, ID 83642  
 Tel: (208) 807-1609

Legal First Name:		Middle Initial:	Last Name:	
Preferred Name / Nickname (if different than legal first name):				
Street:			Apartment/Unit#:	
City:	State:		Zip:	
Occupation:			Employer:	
Birthdate:	Gender:	Email:		
Home Phone:		Cell Phone:	Work Phone:	
Social Security Number:		Marital Status (circle) Single Married Divorced Widowed Other		
Emergency Contact:	Relationship:		Phone Number:	
How did you hear about this office?				
Have you seen a chiropractor before? Yes No If so, when was your last visit?				
Are you seeing, or have you seen, anyone else for the reason you are here today? Y / N If so, who?				
Have you had any of the following imaging for the complaints that brought you here? (circle all that apply) X-Ray MRI CT Scan Other				
Results of above-mentioned imaging?				
Would you like the office to email you a receipt to submit to your own insurance company for reimbursement? (circle one) Yes No				

Put an "X" next to all that apply to you				
High blood pressure			Currently pregnant If so, # of weeks:	
Stroke If so, give date(s):			Abnormal weight gain or loss	
Corticosteroid use (cortisone, prednisone, etc.)			Visual disturbances	
Taking birth control pills			Epilepsy / seizures	
Dizziness / fainting			Nausea / vomiting	
Other health problems:			Osteoporosis	
Do you smoke? (circle one) Never Former smoker Current/Every day smoker Current/Sometimes smoker				
Height:	Weight:	Last blood pressure (if known):		



Name:				Date of birth:									
		CHECK ALL TYPES OF PAIN/DISCOMFORT THAT APPLY							HOW OFTEN ARE YOUR SYMPTOMS PRESENT				
	RATE PAIN 1 to 10 (10=WORST)	Ache	Burning	Dull	Sharp	Stiff	Throb	Other (explain)	0- 25%	26- 50%	51- 75%	76- 100%	
HEADACHE													
NECK													
UPPER BACK													
MID BACK													
LOW BACK													
SHOULDER													
ELBOW													
WRIST/HAND													
HIP													
KNEE													
ANKLE/FOOT													
OTHER:													
OTHER:													

Please indicate on the pictures where you have symptoms:

