

**Chiropractic Case History/Patient Information**  
Grant Chiropractic of Blue Ridge



*Welcome to our family!*

*It is well known that families who maintain health, well-aligned spines have significantly improved health*

*People whose spines are not in proper alignment are much more likely to develop serious health problems, pain, arthritis, heart disease, headaches, allergies, and decreased immune systems.*

*Health comes from within. Unlock your full health potential! Maintain your health with regular spinal checkups!*

Title: Dr. / Mr. / Mrs. / Ms. / Miss (circle one)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_

Marital Status: M / S / W / D / Sep / Engaged

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Race: \_\_\_\_\_ Social Security # \_\_\_\_\_

Cell #: \_\_\_\_\_ Work# \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employed / Homemaker / Retired / Un-employed

Full Time Student / Part Time Student

Name of School: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- Day Spent: sitting / standing / walking / lifting / twisting / bending
- Do you prefer we contact you by: phone / e-mail / snail mail / text message
- How were you referred to our office? \_\_\_\_\_
- Are your spouse or children patients in this clinic? Yes / No / Spouse / Children
- Children / ages: \_\_\_\_\_
- Preferred payment method: Cash / Check / Credit / Debit / HSA / other

**Spouse Data or Emergency Contact or Parent if patient is a minor**

Spouse/Emergency Contact/Parent Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_