

Red Cedar Chiropractic  
Case History and Patient Information

**\*PLEASE PRINT CLEARLY\***

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Local address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Other address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_

PHONE NUMBERS: Home: \_\_\_\_\_ Work : \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Which is the best daytime phone number to reach you? *Home Cell Work Other*

Guardian / Emergency contact info: *(address needed only if person listed is your guardian)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

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

Marital status: *Married Unmarried* Spouse's name: \_\_\_\_\_ Number of children? \_\_\_\_\_

Student Status: *Full or part time?* Name of School \_\_\_\_\_

Current Occupation \_\_\_\_\_ *F/T P/T* How long in position? \_\_\_\_\_

Current Employer \_\_\_\_\_ Employer's Phone # \_\_\_\_\_

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

Former Occupation/Employer \_\_\_\_\_ Date of Retirement? \_\_\_\_\_

How were you referred to our clinic? \_\_\_\_\_

Have you been treated by a chiropractor before? *YES NO* When was your last visit:? \_\_\_\_\_

What brought you here today? \_\_\_\_\_

**Patient or Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_