

Sparks Family Medicine, Ltd.

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New Chiropractic Patient Case History

Today's Date _____

Patient's Name _____ Age _____
Last First MI

Occupation _____ Employer _____ (____) _____
Work Phone

Present condition due to injury? _____ No _____ Yes _____ On the job? _____ Auto Accident?

Other: _____

If an accident, has it been reported? _____ No _____ Yes _____ to Employer? _____ to Auto carrier?

Other: _____

Health Report

Reason for seeking care: _____

List any other doctors seen for treatment: _____

List any diagnosis and type of treatment: _____

Have you had similar accidents or injuries before? _____ No _____ Yes

If "Yes," explain: _____

List the names of any relatives who have or have had a similar problem:

Have you or any relative received chiropractic treatment previously? _____ No _____ Yes

If "Yes," explain: _____

