

Wellness Chiropractic Center  
543 Third Street Suite A-3  
Lake Oswego, OR 97034  
(503) 636-6186

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Describe the reason for your visit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What have you done to treat this condition?  
\_\_\_\_\_  
\_\_\_\_\_

In addition, describe problems in these areas:

HEAD & NECK:  
\_\_\_\_\_  
\_\_\_\_\_

MID-BACK, SHOULDERS, ARMS & HANDS:  
\_\_\_\_\_  
\_\_\_\_\_

LOW BACK, HIPS, LEGS & FEET:  
\_\_\_\_\_  
\_\_\_\_\_

If an injury or accident is involved, please give date and describe briefly:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List other physicians presently being seen:  
\_\_\_\_\_  
\_\_\_\_\_

List medications and supplements:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Women: Are you pregnant?

What form of birth control do you use? \_\_\_\_\_