

Inner Banks Chiropractic

711 Broad Street Oriental NC 28571

252.497.5910

INTAKE FORM

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State/zip: _____

Phone: _____ Date of Birth: _____ Marital status _____

Email: _____

Family Doctor: _____ Emergency contact: _____

Phone: _____ Phone: _____

How is your health in general?

Do you have any prior experience with Chiropractic Care?

Current Medications?

Major surgeries/Hospitalizations?

Accidents/Traumas?

Allergies/Major Sensitivities?

How were you referred to the office?

Primary reason for your office visit today?

Have you treated for this issue in the past?