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## NEW PATIENT INTAKE

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

How would you like to receive appointment reminders? Call  Text

Email Address: \_\_\_\_\_

Male  or Female  Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_

What do you do for work?: \_\_\_\_\_ Is there lifting involved? Yes  No

Employer Name and Address: \_\_\_\_\_

Single  or Married  Spouses Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you seen a Chiropractor before? Yes  or No  If yes, when? \_\_\_\_\_

Whom may we thank for referring you to our office? \_\_\_\_\_

## YOUR HEALTH SUMMARY

Please check all symptoms you have ever had, even if they do not seem related to your current problem:

Headaches	Pins and needles in legs	Fainting	Neck Pain
Pins and Needles in arms	Loss of smell	Back Pain	Loss of balance
Dizziness	Buzzing in ears	Ringing in ears	Nervousness
Numbness in fingers	Numbness in legs	Loss of taste	Stomach Upset
Fatigue	Depression	Irritability	Tension
Sleeping problems	Stiff neck	Cold hands	Cold feet
Diarrhea	Constipation	Fever	Hot flashes
Cold sweats	Lights bother eyes	Problem urinating	Heartburn
Mood swings	Menstrual pain	Menstrual irregularity	Ulcers

List any medications you are taking:

\_\_\_\_\_  
\_\_\_\_\_

This office conforms to the current HIPAA guidelines. You may request a copy of our HIPAA policy at the front desk. Please initial to indicate you have been made aware of its availability. \_\_\_\_\_

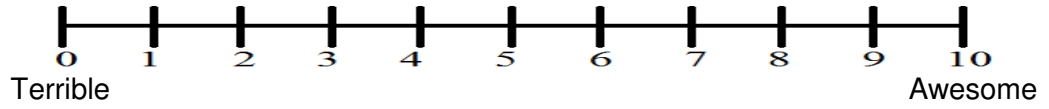
The statements made on this form are accurate to the best of my recollection and I agree to allow this office to examine me for further evaluation.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

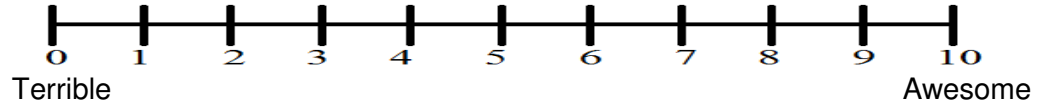
Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please rate each line based on how you are currently feeling.

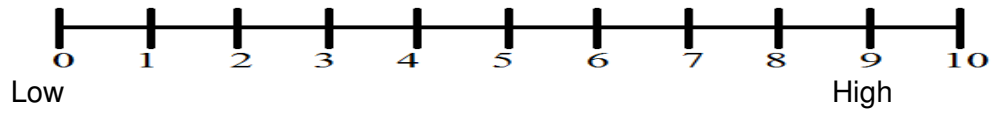
Sleep



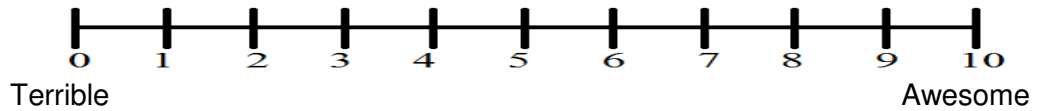
Digestion



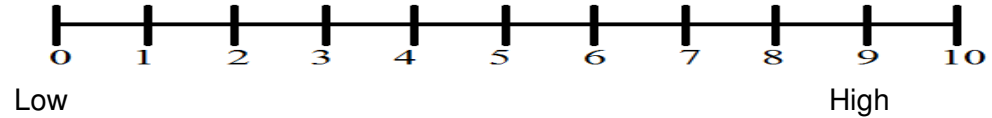
Energy



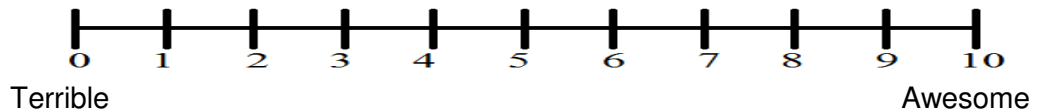
Overall Pain



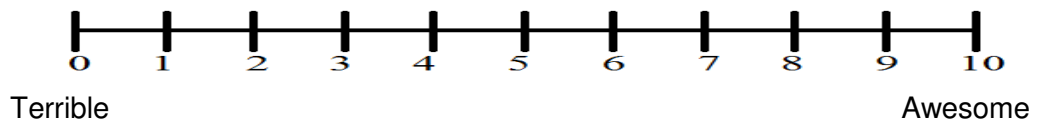
Stress



Balance



Women-  
Comfortable Cycle



Men- Improved  
Sexual Function

