

Welcome Back Form

Name _____

Date _____

Address _____

Email _____ Home phone _____

Work phone _____

When was your last visit to this office?

Have you been adjusted by anyone else since?

Since my last Network adjustment, I have had the following marked physical, emotional, or chemical stresses or traumas:

Since then, have you had any physical trauma such as a fall, sports impact, or jolt that you feel may have injured your spine?

Have you been involved in an automobile accident either as a driver or passenger? Explain and give dates:

I have had the following major relationship, job, residence, or other life changes during this period:

Have you been hospitalized? If yes, what was done?

Are you taking any prescription or over-the-counter drugs regularly? Please list:

Use this space to write about anything else you would like to discuss with your chiropractor about your spinal progress or condition at this time.
