

Kent-East Chiropractic
10830 Kent-Kangley #101
Kent, WA 98031
253/854-3040

Dr. Allan McCord

CONFIDENTIAL PATIENT INFORMATION

Welcome to our practice. Please complete all questions. Thank you.

(Please Print)

Date: _____

Name: (L) _____ (F) _____ (M) _____

Address _____ Telephone# _____

City: _____ State: _____ Zip Code: _____

E-Mail address: _____

Birth Date: _____ Age: _____ Sex: M F Social Security _____

Marital Status: M W D S Spouse's name: _____

Children's names & ages: _____

Favorite hobbies/Interests: _____

Employed By: _____ Occupation: _____

Address: _____ Work# _____

Who may we thank for referring you? _____

Have you ever been to a chiropractor before? Yes_ No _ If yes, when? _____

List you chief complaints in order of severity

1. _____ For how long _____

2. _____ For how long _____

3. _____ For how long _____

List other doctors consulted for these conditions:

1. _____ 2. _____ 3. _____

Previous diagnosis given: _____

List surgeries & dates: 1. _____ 2. _____ 3. _____

List serious illnesses: 1. _____ 2. _____ 3. _____

Date of last physical exam: _____ is there a chance you are pregnant? _____

Have you been diagnosed with cancer? _____ If yes, what kind? _____

Medications you are currently taking _____

Father, Mother, Brother, Sister with similar problems? Yes _____ No _____ If yes, whom? _____
