

**Kent-EastChiropractic**  
**25022 104th Ave SE Ste. E**  
**Kent, WA 9803 0**  
**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 your 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? \_\_\_\_\_

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