ADVANCED REMEDY CENTER

1400 SSW LOOP 323, SUITE 60
TYLER, TX 75701
903-526-4875
WWW.ADVANCEDREMEDY.COM

CHIROPRACTIC CONFIDENTIAL PATIENT INFORMATION SHEET

Name: _____ **Date of Birth:** _____

Occupation: _____ **Current Age:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Chief Complaint: _____ **Date of First Symptom:** _____

Symptoms: _____

How did symptoms occur? _____

Pain Scale (1-10): _____ **Radiating Symptoms:** _____

Aggravating/Relieving Factors: _____

Previous Injuries/Illnesses: _____

Previous Surgeries: _____

Current Prescription Medications: _____

Family History:	**Who**	**Description**

Social History: **Work:** _____

Exercise: ☐ **Yes** ☐ **No** **Type** _____ **Frequency** _____ **(daily/weekends/occasionally)**

Smoke: ☐ **Yes** ☐ **No** **Frequency** _____ **(daily/weekends/occasionally)**

Alcohol Intake: ☐ **Yes** ☐ **No** **Frequency** _____ **(daily/weekends/occasionally)**

Other: _____

Signature: _____ ***Date:*** _____