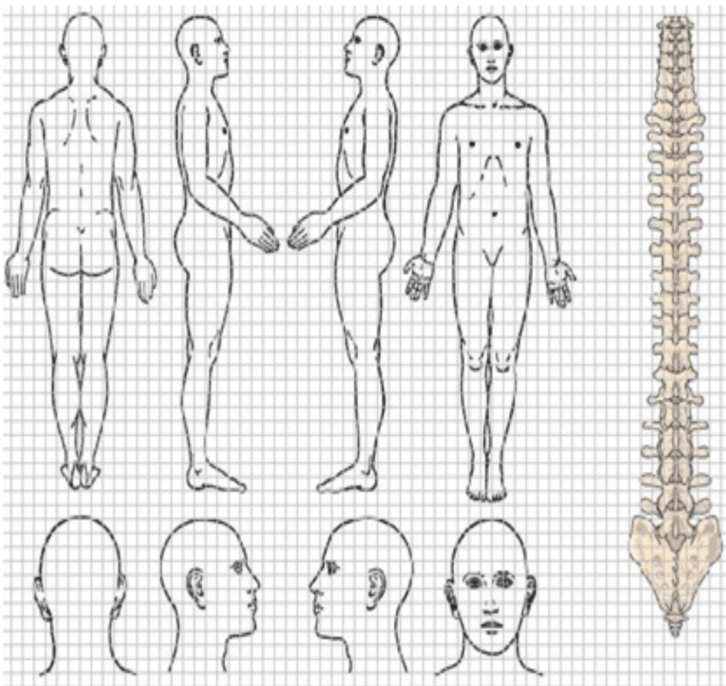
LCD SPINAL CARE
REGISTRATION AND HISTORY

Last Name________________________ First Name_________________________ Middle____________
Address ______________________________ City____________________ State______ Zip__________
Home # ___________________ Cell #____________________Birth Date _____________ Age________
Spouse _______________# Children________ Emergency Contact________________ Ph______________
Referred By ☐Met the Doctor ☐Yellow Pages/Internet ☐Sign/Location ☐Other
☐Existing Patient______________________ ☐ Ad ________________
Primary Physician's Name ____ Ph______________________
What is your Major Complaint? ____
____
____
Other Complaints? ____
When did the condition start? __________________ Have you had similar condition in the past? ☐Yes ☐ No
Is this condition getting progressively worse? ☐Yes ☐ No ☐Constant ☐Comes and Goes

Please Mark Area of Complaint



___ Neck Pain
___Shoulder Pain
___Arm Pain
___Numbness-Arm
___Pain between Shoulders
___Low Back Pain
___Leg Pain
___Numbness-Leg
___ Swelling
___Loss of Feeling
___Pain in Joints
___Restricts Daily Activities
___Restricts Regular Exercise
___Tiredness/Fatigue
___Sore Muscles
___Walking Problems
___Broken Bones
___Muscle Cramps
___Frequent Colds
___Dizziness

___Fainting
___Forgetfulness
___Depression
___Vision Problems
___Ear Problem/Infection
___Hearing Problems
___Allergies/Hay Fever
___Asthma
___Eczema
___Nausea
___Poor Digestion
___Ulcers
___Diarrhea
___Constipation
___Menstrual Cramps
___Diabetes
___Weight Gain/Loss
___High Blood Pressure
___Low Blood Pressure
___Headaches

Have you had surgery (ies) ☐ Yes ☐ No
List Surgeries: ___________________________________

Have you ever had Chiropractic care before? ☐ Yes ☐ No
Name of Doctor ____________________ Date __________

Medications: ____________________________________
____
____
____
____

Females: Are you pregnant? ☐ Yes ☐ No
Due Date: ______________

Car Accidents______________________
____
____

Falls/Injuries (Including Sports) _________
____
____
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***Sign*____________________________ *Date* __________**