THE SMART CHOICE.
HealthWise
Chiropractic

PATIENT REGISTRATION FORM

_____ _____ _____
First Name MI Last Name

_____ _____ ☐ Male ☐ Female
Date of Birth Social Security #

_____ _____ _____
Height Weight
Address

_____
City State Zip Code

Is there a chance you are pregnant?
☐ Yes ☐ No

_____ _____
Cell Phone Email

Smoking Status: ☐ No ☐ Yes: # of years_____

_____
Emergency Contact

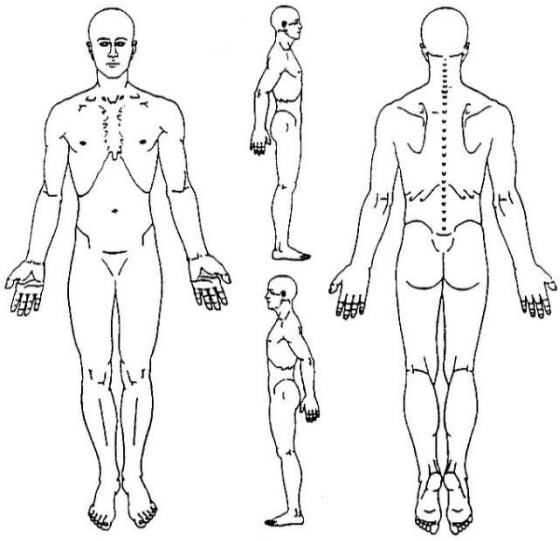
_____
Relationship to Patient

_____
Emergency Phone #

Marital Status
☐ Single
☐ Married
☐ Divorced
☐ Separated
☐ Widowed

How did you hear about us?
☐ Patient: _____
☐ Family: _____
☐ Doctor: _____
☐ Google
☐ Facebook

Indicate where you have pain:



_____
Your Employer

_____
Occupation

_____
Signature

_____
Date