

**Back to Back Chiropractic Inc.
Updated Consent Health History Form**

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

*For reminder notices, the best way to contact me is: (circle one)

Text Message or Email

Cell phone provider: _____

Emergency Contact: _____ Phone: _____

Relationship to patient: _____

REASON FOR SEEKING CARE

Describe your main symptom(s)/ problem(s) and area of injury or pain: _____

When and how did your symptoms begin?: _____

PAST HEALTH HISTORY AND MEDICATIONS

Please list any past or current health conditions that we should be aware of, for example: diabetes, Cardiovascular disease, stroke, arthritis, etc.: _____

Please list any medications you are currently taking or have taken in the last six months: _____

HISTORY

