

Rockland Family Chiropractic Center

For Your Health – Free Spinal Screening

Please fill out this simple form completely

Date: ___/___/___

Name: _____

Age: _____

Address: _____

City: _____ State: _____ Zip: _____

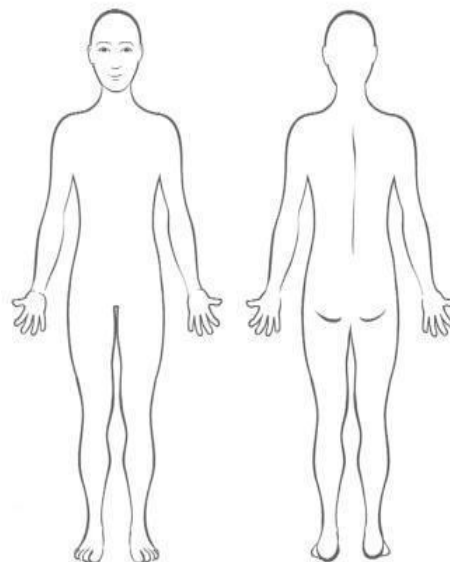
Home Tel: _____ Work Tel: _____ email: _____

Occupation: _____ # of Hours work week: _____

Do You Currently Have, or Have You Experienced Any of the Following?

	Frequently	Occasional
Headaches	_____	_____
Neck Pain	_____	_____
Tension	_____	_____
Stiffness	_____	_____
Sciatica	_____	_____
Mid Back Pain	_____	_____
Low Back Pain	_____	_____
Pain between shoulders	_____	_____
Numbness/Tingling	_____	_____
Disc Conditions	_____	_____
Spasm/tight muscles	_____	_____
Arm Pain or weakness	_____	_____
Leg Pain or weakness	_____	_____
Auto Accident	_____	_____
Work Injury	_____	_____
Sports Injury	_____	_____
Other Trauma	_____	_____

Indicate where you have pain or other symptoms



Any other pain, injury or health problem:

Do you exercise? Y___ N___ Do you smoke? Y___ N___ High Blood Pressure? Y___ N___

How is your diet? Excellent___ Good___ Fair___ Poor___ Is your job "physical?" Y___ N___

Would you consider Chiropractic Care if we find a structural or spine related problem? Y___ N___

Doctor's Notes: _____

Rockland Family Chiropractic Center, 971 Route 45, Suite 106, Pomona, NY 10970

Dr. Phillip Klein, DC, DACS

Doctor of Chiropractic

Over 20 Years Serving the Chiropractic Needs of Rockland County