



FRANCIS CHIROPRACTIC

CLINIC AND WELLNESS CENTER

PATIENT INTAKE FORM

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NAME _____ DATE _____

LIST THE PRIMARY REASON FOR YOUR APPOINTMENT _____

WHEN DID THE PAIN START? _____

WHAT CAUSED THE PAIN? _____

IS THE PAIN GETTING BETTER? _____ WORSE? _____ STAYING THE SAME? _____

HOW WOULD YOU DESCRIBE THE PAIN? (EXAMPLE: CONSTANT, OCCASIONAL, FREQUENT, STABBING, DULL, ETC.) _____

WHAT HAVE YOU DONE TO RELIEVE THE PAIN? _____

HAVE YOU EVER HAD THIS PAIN BEFORE? YES NO IF YES, WHEN? _____

MARK AREA OR AREAS OF PAIN

