

Chiropractic Patient Intake Questionnaire Printable

Download a **chiropractic patient intake questionnaire printable** to streamline your clinic's new patient process. This form collects essential health information, ensuring accurate assessments and personalized care. Simplify patient intake while maintaining thorough documentation with this convenient resource.

Patient Intake Questionnaire

Personal Information

Full Name:

Date of Birth:

Address:

Phone Number:

Email:

Insurance Information

Insurance Provider:

Policy Number:

Health History

Reason for Visit:

Have you received chiropractic care before?

☐ Yes ☐ No

Please indicate if you have a history of (check all that apply):

☐ Headaches

☐ Neck Pain

☐ Back Pain

☐ Arthritis

☐ Other

If "Other," please describe:

Additional Information

Current Medications:

Allergies:

Past Surgeries:

Submit

Reset