

# 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: