Date: Click here to enter a date.

General Patient Information

***Welcome to Functional Health Institute.***

 ***Please take a few moments to fill in your information.***

Name Click here to enter text.

Street Address Click here to enter text.

City Click here to enter text. State Click here to enter text. Zip Click here to enter text.

Date of Birth Click here to enter a date. E-mail address: Click here to enter text.

Home Phone # Click here to enter text. Cell Phone # Click here to enter text.

Job Profession: Click here to enter text.

Height Click here to enter text. Blood Type (if known) Click here to enter text.

Do you have children? Click here to enter text.If so, how many? Click here to enter text.

Ages? Click here to enter text.

How did you hear about us? Click here to enter text.

## Are you seeing any other Health Care Provider? Click here to enter text.

## If so, whom? Click here to enter text.

In an emergency, whom do we contact? Name Click here to enter text.

Phone number(s) Click here to enter text.

Have you received Chiropractic Care before? [ ]  YES [ ]  NO

Are you currently receiving Chiropractic Care? [ ]  YES [ ]  NO

Any known medication allergies? Please list: Click here to enter text.

Why did you decide to come to this clinic? Click here to enter text.

What do you know about our approach to restoring function? Click here to enter text.

What expectations do you have for **your initial consult appointment**? Click here to enter text.

What long-term expectations do you have from working with us? Click here to enter text.

What expectations do you have of Dr. Huff as your health care provider? Click here to enter text.

What is your present level of commitment to address your health concerns?

 **Rate from 0-10 (10 being 100% committed)**

What activities do you currently engage in that support your health? Click here to enter text.

What activities do you currently engage in that are self-destructive? Click here to enter text.

List someone that will support you with the beneficial changes you will be making? Click here to enter text.

List 3 things you love to do.

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.