

**SACRED TOUCH CHIROPRACTIC**  
**10613 N Hayden Road – Ste. J-108**  
**Scottsdale, AZ 85260**  
**480.315.8444**

This information is considered confidential. We need this information because we care, and your answers will help us determine if chiropractic can help you. We only accept what we believe to be chiropractic cases. In order for us to evaluate your health properly, please be as neat and accurate as possible. Thank you.

Name \_\_\_\_\_ Sex ( ) M ( ) F

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_ # Of Children \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employers Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Who referred you to our office? \_\_\_\_\_

**Health Information**

Reason/s for contacting our office: \_\_\_\_\_

Is this due to any type of accident? \_\_\_\_\_

Have you seen any other doctors for this? ( ) Y ( ) N ( ) MD ( ) DO ( ) DC

Treatment/s Received \_\_\_\_\_

Surgeries/Year/s: \_\_\_\_\_

Drugs you now take ( ) Antidepressants ( ) Pain killers ( ) Muscle relaxant ( ) Amphetamine  
( ) Insulin ( ) Tranquilizers ( ) Birth control ( ) Other \_\_\_\_\_

Have you been in an auto accident? ( ) Past year ( ) Past 5 years ( ) Over 5 ( ) Never

Describe \_\_\_\_\_

Have you had any other personal injury or accident? ( ) Past year ( ) 5 years ( ) Over 5 ( ) Never

Describe \_\_\_\_\_

Date of last physical exam \_\_\_\_\_ Date of last menstrual cycle \_\_\_\_\_

