Dr. Myron D. Brown
Chiropractor

Welcome to our practice. Please answer each question to help us understand how to best serve you.

General Information:

Name_____Date_____

For which of these reasons did you seek chiropractic care?
____ health maintenance *and/or* ____ because of a particular problem _____

Address _____City _____Zip _____

E-mail address (**please print clearly**) _____

Phone number _____ Mobile _____

Date of Birth ____/____/_____ Referred by _____

Occupation _____ Number of children _____

When was your last chiropractic adjustment? _____ D.C.'s name_____

(females) Do you have any reason to believe you might be pregnant?_____

Date (approximately) of last x-rays _____ Type of x-ray (medical, dental, other)?_____chiropractic x-rays? _____

Contributory Destructive Information:

Have you ever been subjected to radiation therapy?_____

Past Prolonged medications (please list all drugs that you have ever taken over a prolonged period of time_____

Present medications (regular or occasional basis) _____

Surgery (please list any/all surgeries you have had) _____

Serious Illnesses _____

Accidents or injuries _____ Fractures _____

Medical care (if you are currently under medical care please state your doctor's diagnosis and the treatment you are receiving) _____