



**SPINE CORRECTION CENTER
OF THE ROCKIES**

Dr. Michael Farrell, D.C.

Dr. April Cardwell, D.C.

New Patient Application Form

Welcome to our clinic. We specialize in assisting our patients to achieve their highest level of health through our spinal and postural corrective programs. Our approach is very unique and advanced from other rehabilitative programs. This allows our patients to achieve far superior results compared to most other systems. Please fill out the following information thoroughly so the doctor can let you know if you are a case we can accept.

Please feel free to ask any questions if you need assistance. We look forward to serving you.

Patient Survey

Name _____ DOB _____ M/F _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ SSN _____ Driver's License # _____
Email _____
Marital Status _____ # of Children _____ Ages _____
Type of Work _____

Insured's Information

Same information as above Y/N _____
Name _____ DOB _____ SSN _____
Employer _____ Employer Address _____
Employer Phone _____ Group # _____ Policy # _____

Reason for Visit

Reason for this visit _____
Is this related to an auto accident/work injury? Y/N _____
Describe _____
When did this condition begin/when did you first notice it? _____
What activities aggravate your symptoms? _____
Are there anything that relieves your symptoms? Y/N _____
Describe _____
Have you experienced this before? Y/N _____

Reason for Visit, continued

Who have you seen for this? Y/N _____ What did they do? _____

How did you respond? _____

Have you seen a chiropractor before? _____

Current Family Physician: Name _____ Phone _____

May we discuss your care with your Physician? Y/N _____

Health Lifestyle

Do you exercise? Yes No How often? _____

What activities? _____

Do you smoke? Yes No How often? _____

Do you drink alcohol? Yes No How much/weekly? _____

Do you drink coffee? Yes No How many cups/day? _____

Do you take any supplements (i.e. vitamins, minerals, herbs?) _____

Health Conditions

Please check any health Conditions you may be experiencing, now or in the past:

Cervical Spine (Neck)

- | | | |
|--|--|--|
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Weakness in grip | <input type="checkbox"/> Allergies/Hay Fever |
| <input type="checkbox"/> Pain into your shoulders/arms/hands | <input type="checkbox"/> Headaches | <input type="checkbox"/> Coldness in hands |
| <input type="checkbox"/> Numbness/tingling in arms/hands | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Recurrent Colds/Flu |
| <input type="checkbox"/> Hearing disturbances | <input type="checkbox"/> Visual disturbances | <input type="checkbox"/> Low Energy/Fatigue |
| <input type="checkbox"/> Thyroid conditions | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> TMJ/Pain/Clicking |

Thoracic Spine (Upper Back)

- | | | |
|---|---|---|
| <input type="checkbox"/> Heart Palpitations | <input type="checkbox"/> Heart attacks/Angina | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Heart murmurs | <input type="checkbox"/> Recurrent lung infections/
bronchitis | <input type="checkbox"/> Pain on deep inspiration
expiration |
| <input type="checkbox"/> Tachycardia | <input type="checkbox"/> Asthma/wheezing | |

Health Conditions

Thoracic Spine (Mid Back)

- Mid back pain
- Pain into your ribs/chest
- Indigestion/heartburn
- Hypoglycemia
- Tired/irritable after eating or you haven't eaten for a while
- Dizziness
- Nausea
- Ulcers/Gastritis

Lumbar Spine (Low Back)

- Low back pain
- Pain into your hips/legs/feet
- Numbness/tingling in legs/feet
- Coldness in your legs/feet
- Frequent/difficulty urinating
- Muscle cramps in you legs/feet
- Weakness/injuries in your hips/knees/ankles
- Recurrent bladder infections
- Constipation/Diarrhea
- Menstrual irregularities/cramping (females)
- Sexual dysfunction

Doctor's Notes

Please list any health conditions not mentioned _____

Please list any medications/surgeries _____

Please list any traumas (falls, car accidents, etc.) _____

Doctor's Notes

Empty space for doctor's notes.

