

Union Square Spinal Care
873 Broadway (near 18th Street)
Suite 414
New York, NY 10003

Email: _____ Date: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Home Phone: _____ Business Phone: _____

Date of Birth: _____ Age: _____ Male Female Marital Status: _____ No. of Children: _____

Social Security Number: _____ Insurance: _____

How did you hear about our Office and Chiropractic? _____

Please answer the following questions about your personal history:

Have you ever had your spine or nervous system examined professionally? _____

If Yes, when, and by whom? _____

Have you received chiropractic spinal adjustments by a Doctor of Chiropractic? _____

If Yes, when was your last visit? _____ For how long were you receiving chiropractic adjustments? _____

How often did you go? _____ If you stopped, why did you stop going? _____

Do you know what type of adjustments the chiropractor performed, or what technique(s) or methods he or she used? _____

Were you pleased with his or her service? _____

Does your immediate family receive chiropractic adjustments? _____

Have you had, or do you receive the following vehicles towards growth and development?

If Yes, please list when and any comments you wish to share:

Chiropractic: _____

Bodywork / massage: _____

Osteopathy / cranial work: _____

Meditation: _____ Yoga: _____

Movement or exercise: _____

Psychotherapy: _____

Rebirthing / breathwork: _____

Prayer: _____

Other: _____

Do you currently have any health concerns? Please describe. _____

What do you hope to receive from care in this office? _____
