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Nature Cures Clinic
chiropractic
kinesiology

Welcome!

Name _____ Today's date _____

Address _____

Birthdate _____ Home phone: _____

Email address: _____ Work phone: _____

What is the best time and place to reach you? _____

If we cannot reach you by phone, where may we leave messages for you?

_____ at home _____ email _____ at work

_____ do not leave messages at home _____ do not leave messages at work

Emergency contact _____ Their home phone _____

Their relationship to you _____ Their work phone _____

Family history: have any of your parents, siblings, or children ever had any of the following conditions?

_____ Arthritis	_____ Cancer	_____ Joint disease
_____ Allergies	_____ Diabetes	_____ Kidney disease
_____ Alzheimer's disease	_____ Heart disease	_____ Thyroid disease
_____ Anemia	_____ High blood pressure	_____ Stroke

Your health history: have you ever had any of the following conditions?

_____ Allergies	_____ Diabetes	_____ Kidney disease
_____ Anemia	_____ Heart disease	_____ Lung disease
_____ Arthritis	_____ High blood pressure	_____ Stroke
_____ Asthma	_____ Immune disease	_____ Thyroid disease
_____ Cancer	_____ Joint disease	_____ Ulcers

What are the reasons for your visit today? _____

Please indicate and describe if you have ever experienced any of the following.
Give approximate dates.

Sprains _____

Muscle tears _____

Head injury _____

Whiplash _____

Back injury _____

Nerve injury _____

Broken bones _____

Disc problems _____

Auto accidents _____

Hospitalizations _____

Surgeries _____

Have you experienced any of the following within the past six months?

_____ Headaches _____ Indigestion _____ Frequent colds

_____ Jaw pain _____ Excessive gas _____ Depression

_____ Foot pain _____ Constipation _____ Anxiety

_____ Poor diet _____ Diarrhea _____ Drug or alcohol abuse

_____ Generally low energy _____ Menstrual problem _____ Sexual dysfunction

Anything else you want me to know: _____

Any drugs, nutritional supplements or herbs you are taking: _____

This information is correct to the best of my knowledge

Sign: _____

Date: _____