



# Switek Chiropractic

(Kiley Chiropractic)

First Name: \_\_\_\_\_ M: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Gender: Male / Female Preferred Language: \_\_\_\_\_

Who is your Medical *Doctor & Office*? \_\_\_\_\_

**Smoking Status:** Every Day / Occasional / Former / Never

**Ethnicity** (Circle 1): Hispanic or Latino / Not Hispanic or Latino / I Decline to Answer

**Race** (Circle 1): American Indian or Alaska Native / Asian / Black or African American / White (Caucasian)  
Native Hawaiian or Pacific Islander / Other / I Decline to Answer

**Employment Status** Employed Unemployed Retired Disabled Student

**Marital Status** Married Single Divorced Widowed

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_@\_\_\_\_\_

**Would you like to access to your patient portal? Y or N**

**Would you like to receive text/email reminders for your future appointments? Y or N**

How did you hear of our office? \_\_\_\_\_

**Has this condition been reported as an *auto accident* or *workman's comp*? Y or N**  
(If yes, please notify the front desk staff)

**Emergency Contact:**

Name/Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**List all individuals who Kiley Chiropractic has permission to disclose your medical records to:**

Name/Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**For office use only**

**Chart #** \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_ Temp. \_\_\_\_\_

Notes: \_\_\_\_\_