CENTENNIAL CHIROPRACTIC
Michael Moribaldi, DC

PATIENT INTRODUCTION CARD

Date _____ Social Security No. _____

Name _____ Sex Married Single
Last First Middle Initial

Address _____ Phone _____

City _____ State Zip Work Phone _____

Date of Birth _____ Age Referred by _____

Name of Spouse or Guardian _____ Health _____

Childrens' names & ages _____ Health _____

Occupation _____ Employer _____

Briefly describe complaint(s) _____

_____

_____

DO YOU HAVE ANY DIFFICULTY WITH ANY OF THE FOLLOWING? IF YES, MARK "✓"

☐ Headaches	☐ Fainting	☐ Heart Attacks	☐ Constipation
☐ Shooting Head Pains	☐ Loss of Balance	☐ High Blood Pressure	☐ Kidney Trouble
☐ Sinus Trouble	☐ Ringing in Ears	☐ Low Blood Pressure	☐ Menstrual Cramps
☐ Loss of Smell	☐ Deafness	☐ Liver Trouble	☐ Menstrual Irregularity
☐ Hayfever	☐ Wear Glasses	☐ Anemia	☐ Arthritis
☐ Asthma	☐ Neck Muscle Spasm	☐ Abdominal Pain	☐ Tailbone/Sacrum Pain
☐ Cancer	☐ Grating in Neck	☐ Nervous Stomach	☐ Painful Joints
☐ Tightness of Throat	☐ Tightness in Shoulder Muscles	☐ Stomach Trouble	☐ Swollen Joints
☐ Throat Inflammation	☐ Neuritis in Shoulders & Arms	☐ Ulcers	☐ Hip Pain
☐ Thyroid Trouble	☐ Pins & Needles in Arms & Hands	☐ Nerves, Nervousness	☐ Slipped Disc
☐ Sleeping Trouble	☐ Cold Hands	☐ Inner Tension	☐ Pinched Nerves in Back
☐ Twitching of Face	☐ Chest Pains	☐ Irritability	☐ Pins & Needles in Legs
☐ Loss of Memory	☐ Shortness of Breath	☐ Cold Sweats	☐ Swollen Ankles
☐ Fatigue	☐ Carpel Tunnel Syndrome	☐ Bladder Problems	☐ Cold Feet
☐ Depression	☐ Heart Pain	☐ Gall Bladder Trouble	☐ Numbness in Legs
☐ Diabetes	☐ Heart Palpitation	☐ Indigestion	☐ Knee Pain
☐ Dizziness	☐ Bursitis	☐ Prostate Problems	☐ Groin Pain
☐ Neck Pain	☐ Mid Back Pain	☐ Low Back Pain	☐ Pain in Legs and Feet

Is your condition due to an injury or sickness arising from your employment? _____ Auto accident? _____

Have you received chiropractic care before? _____ Where? _____

Do you have health insurance? _____ What company? _____