



5446 N. Academy Blvd. Suite 102  
 Colorado Springs, Colorado 80918  
 Office: 719-594-0071 Fax: 719-560-1964

\_\_\_\_\_  
 Patient Name

\_\_\_\_\_  
 Date

### Health History

Females only: Pregnant  Yes  No

What complaints/injuries/illnesses brought you to us?

Please list all current medications to include OTC, vitamins, herbs, and supplements:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any pre-existing conditions?

Family health history:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list your current health goals and what you'd like to achieve as related to your health:

\_\_\_\_\_

Were any of the above injuries caused by:  Car Accident  Workman's Compensation

If so, please fill out the following information:

\_\_\_\_\_  
 Date of Injury      Insurance Name      Claim Number      Policy Number

\_\_\_\_\_  
 Insurance Address      City      State      Zip Code

\_\_\_\_\_  
 Adjuster Name      Adjuster Phone Number      Adjuster Fax Number

\_\_\_\_\_  
 Attorney's Name      Attorney's Address      City      State      Zip Code

\_\_\_\_\_  
 Attorney's Phone Number      Attorney's Fax Number

\_\_\_\_\_  
 (All Patients) Print Name

\_\_\_\_\_  
 If minor child, state relationship

\_\_\_\_\_  
 Signature