



Today's Chiropractic Clinic, P.S.

Chiropractic Care, Spinal Decompression, Rehabilitation Exercises, Massage Therapy

614 South 225th, Des Moines, WA 98198 P: 206-878-2225 F: 206-878-7486

www.todayschiropractic.net

Patient Update Form

please fill out as completely as possible

Name: _____

Date: _____

If you have a new address/phone number/email, please provide those here _____

****Please make sure we have your current insurance information**

What, if anything has changed since your last visit? _____

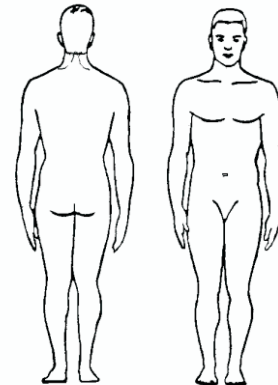
List present complaints, injuries and duration:

Please mark areas of pain/tension/concern:

1. _____

2. _____

3. _____



****Are any of your current complaints due to a work related or auto injury? YES / NO**

Environment - (Please circle appropriate answer)

Work:

Seated / Standing - Work bench / Desk / Counter / Other _____

Job involves - Lifting / Bending / Stooping / Twisting / Turning / Carrying / Walking / Standing / Other

Chair - Executive / Steno / Bench / Stool / Folding / Other _____

Leisure:

List sedentary activities _____

List strenuous activities _____

List sporting activities _____

Do you exert yourself - Frequently / Occasionally / Rarely / Never?