



West Seattle Neighborhood Chiropractic  
 2140 California Avenue SW  
 Seattle, WA 98116  
 (206) 659-0771

**CLIENT INFORMATION**

Client information contained within this form is considered *strictly confidential*. Your responses are important to help us better understand the health issues you face and ensure the delivery of the best possible treatment.

Last Name \_\_\_\_\_ First \_\_\_\_\_

Middle \_\_\_\_\_ Nick Name \_\_\_\_\_ DOB \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1<sup>st</sup> Phone # \_\_\_\_\_  Home  Mobile  Work

2<sup>nd</sup> Phone # \_\_\_\_\_  Home  Mobile  Work

Email \_\_\_\_\_

Sex:  Female  Male  X

Optional: Gender \_\_\_\_\_ Pronouns \_\_\_\_\_

Marital Status:  Single  Married  Partner  Divorced  Widowed  Legally Separated

Employment:  Employed  Self-Employed  Not Employed  Retired  Active Military

Full-Time Student  Part-Time Student

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Preferred Language \_\_\_\_\_

How did you hear about Dr. Carolyn Fancher? \_\_\_\_\_

Have you seen anyone else for this condition? Who? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Phone # \_\_\_\_\_  Home  Mobile  Work

If under 18, responsible party \_\_\_\_\_

Contact Phone # \_\_\_\_\_  Home  Mobile  Work

Give a brief detailed description of any health care concerns you are currently experiencing:

---

---

---

How long have you had this condition? \_\_\_\_\_ Is it getting worse?  Yes  No

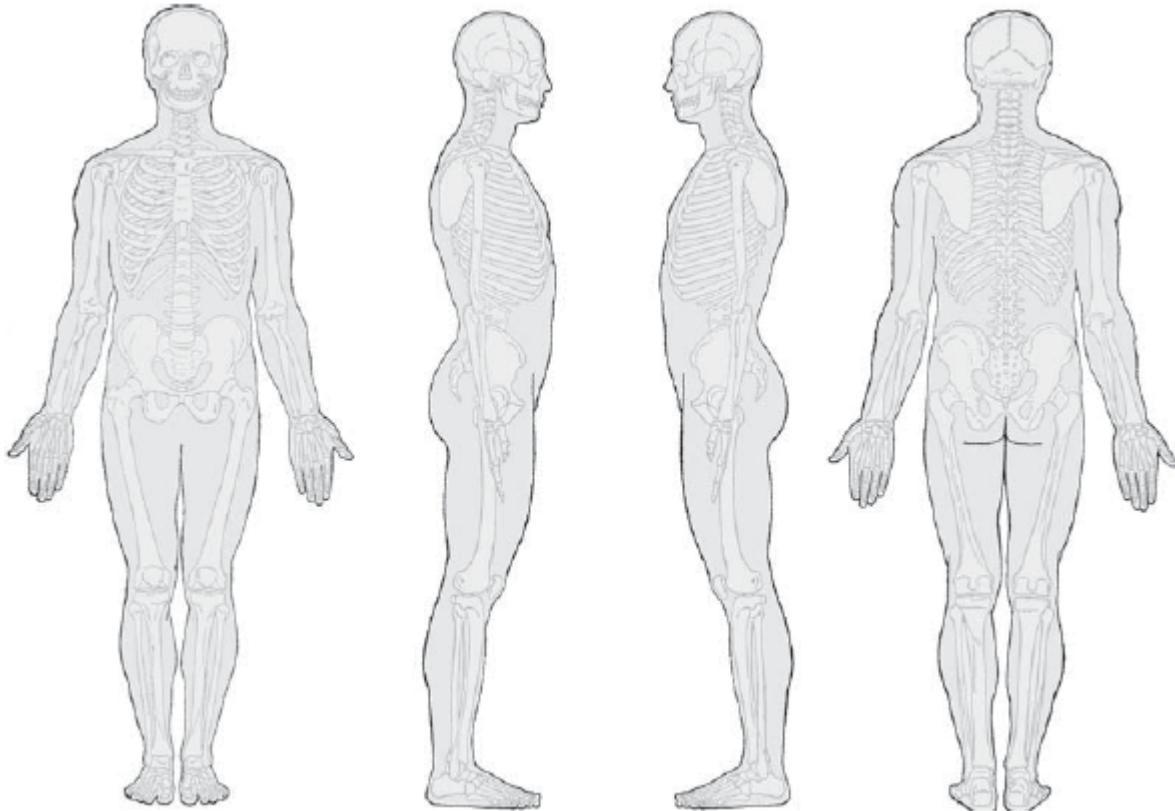
Does it bother you (check appropriate box):  work  sleep  other \_\_\_\_\_

What seemed to be the initial cause? \_\_\_\_\_

**Front**

*Please mark area(s) of concern on the figures below*

**Back**



Do you have any other health issues or concerns that our staff should be made aware of?

---

---

---

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*PLEASE NOTE: If this is related to a collision, please also complete the Accident Report form.