



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 \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

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

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

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex:  Female  Male

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:

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

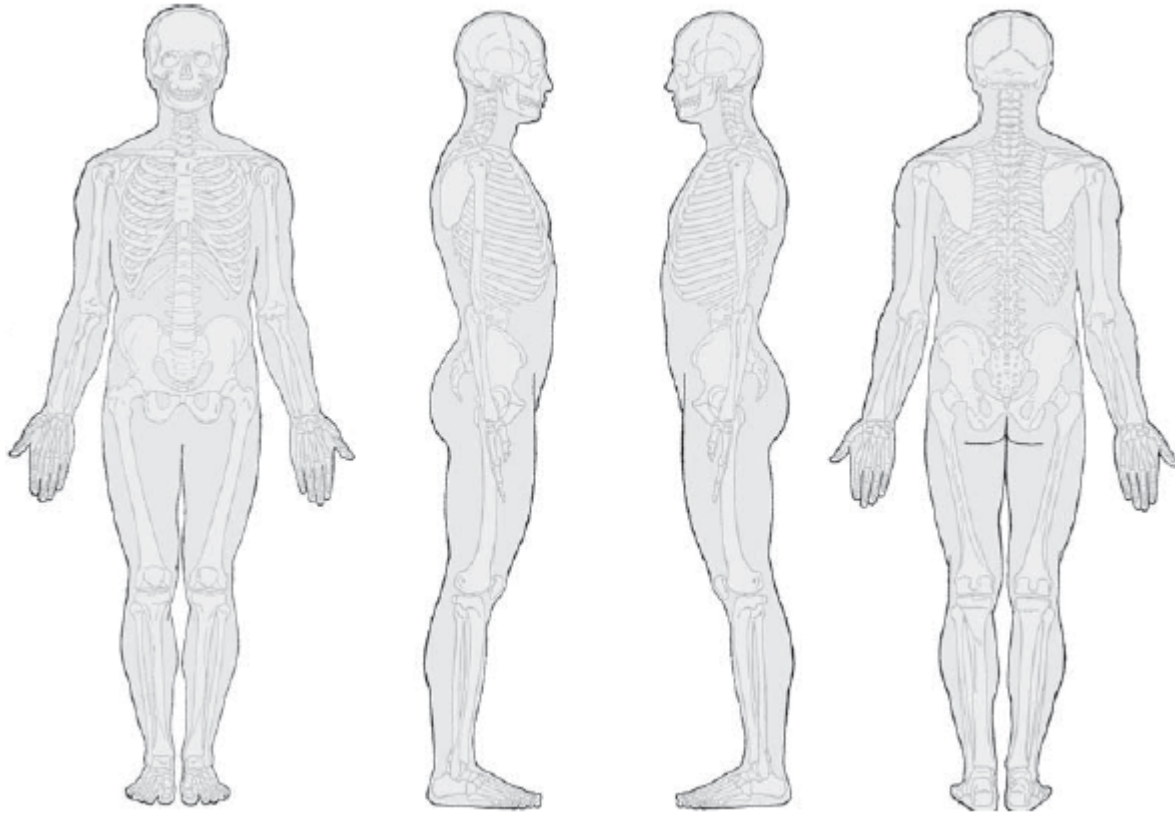
Does it bother you (check appropriate box):  work  sleep  other \_\_\_\_\_

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?

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date