

Date _____

WELCOME TO

Lookout Valley Chiropractic
Dr. Neil Kjos
Dr. Reed Kent
Dr. Randy Martin
3536 Cummings Highway Suite 120
Chattanooga, Tennessee 37419
Phone: (423) 825-5252
Fax: (423) 825-1228

*Our goal is to give every patient the very best care possible and nothing less.
We hope that we can exceed your expectations!*

Full Name _____

Street Address _____

City, State, Zip Code _____

Home Phone _____ Cell _____ Work Phone _____

Social Security No. _____ E-Mail: _____

Date of Birth _____ Age _____

Employer _____ Address _____

Position _____ How Long _____

Marital Status _____ Spouse's Name _____

Children's Names and Ages _____

Who/How Were You Referred to Us? _____

Have You Ever Been to a Chiropractor Before? _____ If So, Dates _____

Primary Insurance _____

Name of Insured _____ Insured's S.S. No. _____

Insured's Employer _____ Insured's Date of Birth _____

Secondary Insurance _____

Name of Insured _____ Insured's Date of Birth _____

Do you smoke? ___ if not, have you ever? ___ Stopped how long ago? _____

If Female, Are You Pregnant? Yes ___ No ___ Signature _____

List Any Surgeries You Have Had and Dates _____

What Medications Do You Take Regularly? _____

List Dates of Any Automobile Accidents You Have Been Involved In _____

Is the Present Condition the Result of an Automobile Accident? _____

If So, Date and Details _____

List Any Other Accidents, Fractures, or Injuries and Dates _____

Have You Been Treated for Any Health Conditions in the Last Year? _____

If So, Please Describe _____

What Is Your Chief Complaint? _____

Date Symptoms First Appeared _____

Is The Present Condition the Result of a Work Related Injury? _____

If Yes, Did You Notify Your Employer? _____ Date _____

Name of Employer _____

In Case of Emergency, Whom Should We Notify? _____ Phone No. _____

On the Drawings Below, Please Circle the Area of Complaint:

