



Dr. Terry Loher - Chiropractor

Practice Member History and Information

For Doctor's Use

Date _____

Name _____ What do you prefer to be called? _____

Address _____

City _____ State _____ Zip _____

Telephone (H W Cell) _____ (H W Cell) _____

Email Address _____ <—Please print clearly

(used for closings, all receipts, essential notifications, schedule changes, bulletins, etc...Your information will be protected, we promise!)

Date of birth _____ Spouse/Partner's Name _____ No. of Children _____

Occupation _____ Employer _____

How did you hear about this office? _____

Previous chiropractic care? Y N If YES, time under care _____

Reason for discontinuing care? _____ Good experience? Y N

Medical History (please include all health conditions which you've been treated, or suffer from)

Have you ever had any Surgeries/ Hospitalizations? If YES, list: _____

Have you ever had any Traumas/Falls/ Accidents? If YES, list: _____

Do you take ANY Drugs/ Medications/Supplements? If YES, list: _____

Exercise _____ Hobbies _____

Stress: Please rate 1 (bliss) to 10 (nervous breakdown)

Work _____ Personal Life _____ Health _____ General Worry _____

What have you heard about Chiropractic? _____

What is your reason for visiting our office? _____

Have you seen any other doctor about this? Y N If YES, list outcome/treatment _____

Chiropractic is not about a treatment or cure for a disease. Chiropractic is for the removal of interference to the nervous system and restoration of function and communication within the body so that your body may express its fullest potential for life and healing.

Signature _____ Date _____