

Patient Update for ALL Practice Members  
(please print clearly)

Name \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*Appointment reminders will be sent through email and text messages**

Best number to reach you? \_\_\_\_\_ Cell Phone number \_\_\_\_\_

Email Address: (pls print clearly) \_\_\_\_\_

**If you are on Medicare, please provide us with a copy along with your DL.**

**Race/Ethnicity:**

- White/Caucasian                       Black/African American                       Asian  
 American Indian                       Native Hawaiian  
 Hispanic/Latino/Spanish Origin    Other: \_\_\_\_\_

**Language:**

- English                       Spanish                       Chinese                       Other \_\_\_\_\_

**Do you have high blood pressure?** YES / NO (Circle One)

**Do you have diabetes?** YES/ NO (Circle One)

**Do you take any medications?** (Circle one) YES / NO

**If YES, please list at least one:**

\_\_\_\_\_  
\_\_\_\_\_

**Do you have any allergies?** (Circle one) YES / NO

**If YES, please list at least one:**

\_\_\_\_\_  
\_\_\_\_\_

**Do you smoke?** (Circle one) YES / NO

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

\*\*\*\*\*

**For Office Use Only**

Date \_\_\_\_\_ Blood Pressure: \_\_\_\_\_/\_\_\_\_\_ Pulse: \_\_\_\_\_

**Please answer questions on the back →**

Patient Name \_\_\_\_\_ Date \_\_\_\_\_  
Date of Birth \_\_\_\_\_

**Please circle if you have been told by any health care provider that you have any of the following:**

1. You are taking blood thinners
2. An unstable Os Odontoideum
3. Bone cancer of the spine
4. Infection of bones or joints of the spine
5. Myelopathy or cauda equina syndrome
6. Major artery aneurysm
7. Hypermobility joints
8. Bleeding disorder
9. Severe demineralization of bone
10. Benign spinal bone tumors
11. Spinal joint instability due to current fracture or dislocation or a healed fracture or dislocation
12. Acute rheumatoid arthritis
13. Ankylosing spondylitis

Please explain anything you circled above.

---

---

---

14. Circle this option if - - I DO NOT have any of the above.

---

Signature \_\_\_\_\_ Date \_\_\_\_\_