



Vitality Healthcare

5717 Oakland Drive, Suite A, Portage, MI 49024

Ph: 269-323-4473 Fax: 269-324-0755 Website: www.drochiro.com Like Us On Facebook

Electronic Health Records Intake Form

First Name: _____ Last Name: _____

Email address: _____@_____

DOB: __/__/____ Gender (Circle one): Male / Female Preferred Language: _____

Height: _____ Weight: _____

Smoking Status (Circle one): Every Day Smoker / Occasional Smoker / Former Smoker / Never Smoked

Family Medical History (Record one diagnosis in your family history and the affected)				
Diagnosis (Write in below)	Father	Mother	Sibling: (_____)	Offspring: (_____)
Example: Heart Disease		X		

Race (Circle one): American Indian (Alaska Native) / Asian / Black (African American) / White (Caucasian) Native Hawaiian or Pacific Islander / I Decline to Answer

Ethnicity (Circle one): Hispanic or Latino / Not Hispanic or Latino / I Decline to Answer

Are you currently taking any medications? (Include regularly used over the counter medications)	
Medication Name	Dosage and Frequency (i.e. 5mg once a day, etc.)

Do you have any medication allergies?			
Medication Name	Reaction	Onset Date	Additional Comments

I choose to decline receipt of my clinical summary after every visit (These summaries are often blank due to the nature and frequency of chiropractic care.)

Patient Signature: _____ Date: _____

For office use only Blood Pressure: _____ / _____