



# BENNION CHIROPRACTIC

Whole Body Wellness for the Whole Family

## WELCOME TO OUR MASSAGE CLUB!

Please take a few moments to fill out this questionnaire. This will help us serve you better!

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ D.O.B.: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

Type of Employment: \_\_\_\_\_ Any lifting involved? YES / NO

**Please circle any answers that apply:**

1. How did you hear about us? Coupon, Internet, or Referred by: \_\_\_\_\_

2. Have you ever had massage or chiropractic care before? YES / NO

How long ago? \_\_\_\_\_ Did it help? YES / NO

3. Are you presently under the care of a physician? YES / NO

4. Females: Are you Pregnant? YES / NO

5. Do you presently have any of the symptoms below? Circle any that apply

NECK PAIN

SHOULDER PAIN

LEG NUMBNESS

LOWER BACK PAIN

RADIATING LEG PAIN

HEADACHES

NUMBNESS

TINGLING

NAUSEA

BLURRED VISION

RINGING OF EARS

ANKLE / FOOT PAIN

KNEE PAIN

HIP PAIN

FIBROMYALGIA

MID BACK PAIN

OTHER SYMPTOMS: \_\_\_\_\_

6. Have you been involved in a motor vehicle accident within the last year? YES / NO

7. Have you been involved or are you being treated for a work related injury? YES / NO

8. Have you been involved in any slip/fall or personal injury claim within 6 months? YES / NO

Signed: \_\_\_\_\_ Date: \_\_\_\_\_