



Evolution Health Center  
"Evolutionary Chiropractic Care & Weight Loss"  
By Main Street Chiropractic  
T: (302) 390-2402 E: [contact@evolvechirocare.com](mailto:contact@evolvechirocare.com)



New Patient Intake Form

Patient Information:

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_

Medical History:

- Primary Care Physician: \_\_\_\_\_
- Reason for Seeking Chiropractic Care: \_\_\_\_\_
- Describe the pain or discomfort you are experiencing and the length of time it has been bothering you: \_\_\_\_\_
- \_\_\_\_\_
- List any medications you are currently taking (including over-the-counter):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- List any surgeries or major medical procedures you have had in the past:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- List any medical conditions you have been diagnosed with:  
\_\_\_\_\_
- Have you received chiropractic care in the past? If so, where and when?  
\_\_\_\_\_
- Do you have any allergies or sensitivities to medications, food or other substances? \_\_\_\_\_

Insurance Information:

- Insurance Company Name: \_\_\_\_\_



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- Policy Holder Name: \_\_\_\_\_
- Policy Number: \_\_\_\_\_
- Group Number: \_\_\_\_\_
- Insurance Company Phone Number: \_\_\_\_\_

Additional Information:

- Are you currently employed? If so, what is your occupation?  
\_\_\_\_\_
- Have you recently been in an accident or suffered any injuries?  
\_\_\_\_\_
- List any body parts that you are having issues with:  
\_\_\_\_\_
- Describe any daily activities or habits that may be contributing to your pain or discomfort:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do you exercise regularly? If so, what type of exercise do you do?  
\_\_\_\_\_
- How did you hear about our chiropractic office?  
\_\_\_\_\_
- Do you have any questions or concerns about chiropractic care that you would like to discuss with the chiropractor?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature:

- Patient Signature: \_\_\_\_\_
- Date: \_\_\_\_\_