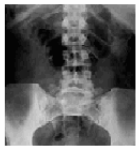
Smaldone Chiropractic

David A Smaldone, D.C.



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New Paltz, NY 12561

Phone: (845) 750-6913
www.NewPaltz-Chiropractic.com

New Patient Information

Welcome to our office! Please complete all questions.

Name:	Date:
Address:	City/State/Zip
Home Phone:	Work Phone:
Email:	
Birth Date: Age:	Cell Phone #:
Marital Status: M W D S	Social Security #:
Your Employer:	Occupation:
Spouse's Name:	Spouse's Employer:
Children's Names and Ages:	
Favorite Hobbies or Interests:	
Method of Payment for First Visit: Cash Check Credit Card	

Current health complaints/reasons for consulting our office:

1. _____

2. _____

3. _____

Who may we thank for referring you? _____

Have you had same or similar problem(s) before? _____

If so, for how long? _____

Is this the result of an auto or work injury? _____ If so, when? _____

Father, mother, brother, sister, child with similar problem? _____ If so, who? _____

Other doctors you have seen for this problem: _____

Surgeries you have had: _____

Medications you currently take: _____

Is there any chance you are pregnant? _____

Have you ever been diagnosed with cancer? _____ If so, what kind? _____

Do you have health insurance? _____ Name of company: _____

The above information is true and accurate to the best of my knowledge.

Patient or Guardian Signature: _____ Date: _____

I have had the opportunity to review the "Private Policy" _____