



Corsetino Chiropractic
3501 Montlimar Plaza Drive
Mobile, AL 36609

Electronic Health Records Intake Form

Name: _____ DOB: _____ SSN: ____ - ____ - ____

Employer/School Name: _____ Occupation: _____

Address: _____ City: _____ State: ____ Zip: _____

Primary Physician/Clinic: _____ Phone Number: _____

Are you currently taking any medications? (Please 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? Yes No

Medication Name	Reaction	Additional Comments

FOR OFFICE USE ONLY

Height: _____ Weight: _____ Blood Pressure: _____/____ HR: _____ Notes: _____

Pacemaker? Yes No

Pregnant? Yes No

History of Seizures? Yes No

Patient Signature: _____ Date: _____