



TRIPLE H CLINIC

*Holistic Health and Healing
of Winding Waters*

Bonnie Wickwire ND/Chiropractor/Cranial Sacral

New Patient Registration

Name _____ Gender ___ Date of Birth _____

Address _____ Phone _____

City,State,Zip Code _____ Email _____

May we leave a message at this email address? _____

If patient is a minor name of Parent or Guardian _____

Marital Status _____ Name of Spouse _____

Occupation _____ work phone _____

Employer _____

Address _____

Emergency Contact _____

Phone number _____ Relationship _____

Whom may we thank for this referral? _____

Please list the # 1 reason why you came in
today _____

Do you have other Health Concerns? _____



Health Habits

Exercise/ activity _____ How Often _____

Stress Level: High/ Moderate /Low Source of Stress _____

Alcohol Use: Yes / No If yes how much, how often? _____

Tobacco Use: Yes / No if yes how much, how often? _____

Caffeine Use : Yes /No if yes how much, how often _____

Diet- Briefly describe what you eat _____

Please list all medications, both prescription and other supplements that you take

Past Medical History

Major Illnesses _____

Surgeries _____

Please mark " N" for any problems that you have NOW and "P" for any PAST problems

__ Allergies __ Arthritis __ Asthma __ Broken Bones __ Bowel Problems __ Cancer

__ Colds (frequent) __ Circulation Problems __ Diabetes __ Digestive Problems __ Dizziness

__ Eye Problems __ Headaches __ Fatigue __ Heart Problems __ Hypoglycemia __ Infections

__ Joint Problems __ Muscle cramps/spasms __ Memory Problems __ Respiratory Problems

__ Skin Problems __ Thyroid problems __ Trauma (major) __ Urinary Problems



Childhood Illnesses

Measles German Measles Chicken Pox Scarlet Fever Rheumatic Fever Mumps

Family Health History (Please check if present)

Cancer Diabetes Heart Disease High Blood Pressure Stroke Epilepsy TB

Asthma/Hay Fever/Hives Kidney disease Glaucoma Eczema/Psoriasis

Past Medical Care

Where did you last receive Medical Care? _____

For What Reason? _____

Date of last Physical Exam and any problems diagnosed? _____
