

CHIROPRACTIC OFFICE
[address]

PATIENT INFORMATION Report prepared by:
[Doctor]
NAME: _____
PATIENT/HEALTH CARE NUMBER: _____ DATE: _____

PHYSICIAN INFORMATION **INITIAL REPORT FORM**
NAME: _____
ADDRESS: _____

Dear Doctor: The above patient has recently contacted our office for evaluation and care of a musculoskeletal condition. This brief report is being sent to you to keep this patient's health records accurate and to assist us in informing you of any concerns we may have.

PATIENT'S PRESENTING COMPLAINTS _____ _____ _____ _____ _____	POSITIVE PHYSICAL FINDINGS _____ _____ _____ _____ _____
X-RAY EXAMINATION FINDINGS _____ _____ _____	DIAGNOSIS AND CONCERNS _____ _____ _____

THIS IS A 2-PAGE PACKAGE OF FORMS.