



ELITE
CHIROPRACTIC
& WELLNESS

Veteran Pre-Intake Form

First Name _____

Middle Name _____

Last Name _____

Last Four Numbers of Social Security _____

Email Address _____

Military Branch _____

Rank _____

Service Dates _____

Job Title _____

Job Description

Service Attire

Check, all that apply for the military gear worn or carried during your service.

Boots ___ Gun Belt ___ Backpack _____ Weapon ___

Problem Areas:

Check, all that apply for areas you are experiencing pain and problems daily and circle R (Right), L (Left), or B (Both) for the side(s) of the body.

- ___ Headaches Problem Side: R | L | B
- ___ Neck Problem Side: R | L | B
- ___ Upper Back Problem Side: R | L | B
- ___ Mid Back Problem Side: R | L | B
- ___ Lower Back Problem Side: R | L | B
- ___ Shoulder Problem Side: R | L | B
- ___ Arm Problem Side: R | L | B
- ___ Elbow Problem Side: R | L | B
- ___ Wrist Problem Side: R | L | B
- ___ Hand Problem Side: R | L | B
- ___ Fingers Problem Side: R | L | B
- ___ Hip Problem Side: R | L | B
- ___ Knee Problem Side: R | L | B
- ___ Ankle Problem Side: R | L | B
- ___ Foot Problem Side: R | L | B
- ___ Toe Problem Side: R | L | B

Injuries:

Please give a brief description of your injury obtained during your service or tour below:

Injury Description

Please Answer the Following Questions Yes or No.

Circle Y (YES) N (NO) for the following:

1. Did you go to sick calls during your service or tour? Y | N
2. Have you had X-rays or MRIs for injuries? Y | N
3. Is another physician currently treating you? Y | N
4. Are you currently taking any medications? If so list below: Y | N
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
5. Have had surgery for your injury? Y | N

Print Name: _____

Client Signature: _____

Date: _____