



Application Pre-screening Questions

Name: _____

Address: _____

Phone: _____ Spouse? _____ Children? _____

D.O.B. _____ Height: _____ Weight: _____

Why do you need insurance? _____

Do You Smoke? _____ Since When? _____

What medications, if any, are you taking?

Type: _____

Dosage: _____

Length of Use: _____

Any others? _____

Are you under doctors care now? _____

For? _____

Have you been to the chiropractor in the past year? _____

How many times? _____

Have you had any recent broken bones or surgeries? _____