

Barclay Chiropractic
5 Dracut Road, Hudson, NH 03051
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Fax – 603-886-2829

New government guidelines require that we collect the following information on all patients:

PATIENT NAME: _____ DATE: _____

ACTIVE PRESCRIPTION MEDICATION LIST (BE SPECIFIC – copy from bottle label)

MEDICATION (COMPLETE NAME)	DOSAGE	MEANS OF ENTRY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If None, Check Here: _____ (More space available on back.)

ALLERGIES TO PRESCRIPTION MEDICATIONS (BE SPECIFIC)

MEDICATION (COMPLETE NAME)	REACTION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If None, Check Here: _____ (More space available on back.)

DEMOGRAPHICS

Preferred Language _____ Race _____ D.O.B. _____
Gender Male _____ Female _____ Ethnicity: Hispanic _____
Non-Hispanic _____

VITALS

Height _____ Weight _____ Blood Pressure _____/_____ Pulse _____

SMOKING STATUS

_____ Current every day smoker
_____ Current some days smoker
_____ Former smoker (Quit, when? ____/____/____)