



Dr. Hunter Novak, Board Certified Chiropractic Physician
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PATIENT INTAKE FORM

1. About You

Name: Today's Date / /2017 File#:
SSN: - - Birth Date: / / Age: Gender: M or F
Street Address: City State Zip
Home Telephone #: () - Cell/Work Telephone #: () -
Email Referred by:
Employer: Occupation: How long:
Address: Telephone #: () -
Marital Status: ___ Single ___ Married ___ Divorced ___ Separated ___ Widowed Spouse's name:
Do you have children? ___ Yes ___ No How many? Ages:

2. Reason for Visit

Have you ever been treated by a Chiropractor before? ___ Yes ___ No If so, please explain:
The reason for this visit is a result of... (Please explain what happened):
Please describe the pain and its location:
When did condition begin? Is condition worsening? ___ Yes ___ No Is it ___ Constant or does it ___ Come & Go
Is this condition interfering with your: ___ Work ___ Sleep ___ Daily routine ___ Driving ___ Other If so, please describe:
Have you had this similar condition in the past? ___ Yes ___ No If so, please explain:
Have you ever been treated by a MD for this condition? ___ Yes ___ No If so, where:

3. Medical History

Please list/describe any past or present medical conditions and any currently prescribed or OTC medications currently being taken:

4. In Event of Emergency

Who should we contact? Relationship:
Home Telephone #: () - Cell/Work Telephone #: () -