



Dr. Lesa M. Seales
 Absolute Health Chiropractic Clinic
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 @AbsoluteHealthChiropracticClinic
 absolutehealthcc

Absolute Health Chiropractic Clinic, 849 Park Avenue, Suite 200, Grand Haven, MI 49417
 Office: 616-847-2727 Fax: 616-847-0098 Text: 616-638-2203

Tell Us About Yourself

Name _____ Preferred Name _____
 Address _____
 City/State/Zip _____
 Telephone # (Home) _____ (Cell) _____
 E-Mail Address _____
 Social Security # _____ Birthdate _____ Age _____
 Occupation _____ Employer _____
 Work # _____ May We Contact You at Work? Yes No
 Primary Care Physician Name _____ Telephone # _____
 Marital Status Single Married Separated Divorced Widowed
 Spouses Name _____
 Child/Children Name(s) And Age(s) _____

Emergency Contact Name _____ Telephone # _____
 Relationship To Emergency Contact _____
 Do You Have Pets? Yes No If Yes, What Kind? _____
 What are Your Favorite Hobbies and Interests? _____

What Brings You Here?

Have You Ever Had Chiropractic Care Before? Yes No If Yes, Physicians Name _____
 Address _____ Telephone # _____
 Were You Pleased With Your Level of Care? Yes No
 How Did You Find Out About Our Office? _____
 Is This Appointment Related To... Work Sports Auto Personal Injury Other _____
 When did the incident occur? _____
 Attorney (If Applicable) _____ Telephone # _____
 Are You Receiving Care From Other Health Professionals? Yes No
 If Yes, Please Tell Us Their Specialty _____
 Please List Any Drugs Or Medications That You Are Taking _____
 Please List Any Vitamins/Herbs/Homeopathies That You Are Taking? _____
 Are You Pregnant or Nursing? Yes No