

# COMMUNITY CHIROPRACTIC

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## Patient Update Form

We are in the process of updating the health records of all our patients so that we can continue to provide accurate advice and give great chiropractic care. Please take a few minutes to complete this form. Thank you for your assistance.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Race: \_\_\_Caucasian \_\_\_African American \_\_\_American Indian  
\_\_\_Hispanic \_\_\_Biracial \_\_\_Asian Oriental \_\_\_Other

2. Language: \_\_\_\_\_ Ethnicity: \_\_\_Hispanic/Latino  
\_\_\_Non-Hispanic/Non-Latino

3. What is your current weight? \_\_\_\_\_

4. What is your current height? \_\_\_\_\_

5. To your knowledge, do you have low or high blood pressure?

6. What is your typical blood pressure?

7. Do you currently smoke?

8. If you don't currently smoke, have you ever smoked? \_\_\_\_\_ If so,  
approximately how long has it been since you have quit?

9. Please list all the names of **over the counter** medications you are currently taking.

**(Over)**

10. Please list all the names of **prescription medications** you are currently taking.

11. Have you had any test, imaging, or laboratory work **performed in the past 12 months?**

Blood Chemistry: approximate date \_\_\_\_\_

CT Scan: approximate date \_\_\_\_\_

Ultrasound: approximate date \_\_\_\_\_

MRI: approximate date \_\_\_\_\_

X-rays (here or other locations): approximate date \_\_\_\_\_

Cardiac echocardiogram: approximate date \_\_\_\_\_

Other:

12. Do you have any known food allergies? If so, what are they?

13. Do you have any known environmental allergies? If so, what are they?

14. Do you have any known allergies to medications? If so, what are they?

15. Do you have diabetes?