

# Klinginsmith Family Chiropractic, P.C.

John F. Klinginsmith, D.C.  
Chiropractor

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## Patient Data

Date \_\_\_\_\_

Title: (Check one)  Mr.  Mrs.  Ms.  Miss  Dr.  Other \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

I prefer to be called by \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status:  Single  Married  Other

Employment Status:  Employed  Unemployed  FT Student  PT Student  Other \_\_\_\_\_

Occupation if Employed: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Contact Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Contact Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

Have you ever had chiropractic care before?  Yes  No

For what problem? \_\_\_\_\_

Were the results satisfactory?  Yes  No  N/A

Have you seen anyone else for this problem? \_\_\_\_\_



Office Hours:

M-T-TH 8:00 A.M.-5:00 P.M. | W-F 8:00 A.M.-12:00 P.M.