

DAVIS CHIROPRACTIC MEDICATION QUESTIONNAIRE

Date: _____

As many of you are already aware, Davis Chiropractic recently upgraded to Electronic Medical Records. With this change we are required to keep more records than in the past. Even though as a Chiropractic office we cannot prescribe medications, we are now required to keep a record of all of your prescription medications and allergies. Please fill out the following one-time forms so that we can accurately update your records.

Name: _____

DOB: _____

Medication:

Dosage:

Any Allergies: _____

Office Use Only

Height: _____

Weight: _____

BP: _____