



Welcome to
Schmidt Chiropractic Center
320 Hill Street Norwood Young America, MN 55368
Patient Admittance Form



Name: _____ Date : _____
(First) (MI) (Last)

Address: _____
(Street Address) (City) (State) (Zip Code)

Home Phone #: _____ Cell Phone #: _____

Email Address: _____ Marital Status: M S D W
(Please circle one)

Date of Birth: _____ Age: _____ Social Security #: _____

Parent/Guardian Name(s) if patient is a Minor: _____

How did you hear about our office? Family Friend Newspaper Facebook

Waconia Business Newsletter Community Event Other _____

Whom can we Thank for referring you? _____

Healthcare Providers

Have you seen a chiropractor in the Past? Yes No

If so, please list who and when seen? _____

Name of your Primary Medical Doctor and Clinic: _____

Employment Information

Occupation: _____

Employer: _____
(Name/Address/City/State) (Phone #)

Please mark if your situation is the result of...

- Work Injury
- Auto Accident
- Farm Injury/Accident
- Other: _____

Date of Injury: _____