

Journey Through Healing Chiropractic Center, LLC

830 Saginaw Street South
Salem, OR 97302

Tel 503-480-0200 Fax 503-480-0203
journeythroughhealingchiropractic.com



Electronic Health Records

(In compliance with requirements for the government EHR incentive program)

First Name	Last Name	
Email address:		
Date of Birth	Gender	Native Language

Smoking Status (Circle One): Non-Smoker / Former Smoker / Occasional Smoker / Daily Smoker

Race (Circle One): American Indian / Alaska Native / Asian / African American / Caucasian
Native Hawaiian or Pacific Islander / Other / I decline to Answer

Ethnicity (Circle One): Hispanic or Latino / Non-Hispanic or Latino / I Decline to Answer

Please list ALL of your current Prescriptions, Over the Counter Medications, vitamins, herbs, etc.

(Please use the back side if necessary)

Medication Name	Dosage and Frequency (ex: 5mg 1x a day, etc.)

Please list any known allergies (medication, food, herbs, etc) if any

Name of allergen	Reaction	Onset Date	Additional Comment

I choose to decline receipt of my clinical summary after every visit (These summaries are often blank as a result of the nature and frequency of chiropractic care.)

Patient Signature: _____ Date: _____

For Office Use Only:

Height:	Weight:	Blood Pressure:
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