

Please fill out the following information as accurately as possible for your file. We are legally responsible for the information you share with us and will not share it with others without your permission.

"Look well to the spine for the cause of disease." - Hippocrates

Name _____ Name you go by _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ Soc Sec # _____

Home Phone _____ Work Ph _____ Cell Ph _____

E-mail _____ Best # to reach you: Home / Work / Cell Receive texts: Y N

(Don't worry, we don't spam or harass – we may need to contact you about schedule changes, etc.)

In case of emergency contact _____ Ph # _____

Spouse/Loved One _____ Referred by _____

When was the last time you saw a Chiropractor? days weeks months years

What is your typical frequency of care of your spine and nervous system? _____

Is there a health concern that brings you in today? If yes, please describe _____

Are you healthier today than you were 5 years ago? Y N

Policies:

- We do not offer to do anything but detect and correct vertebral subluxations to allow the body to heal and maintain itself.
- We do not accept any form of insurance including Medicare/Medicaid. We are a cash only office. All fees are due at time of service.

Patient / Guardian Signature _____ **Date** _____

*"The thief comes only to steal and kill and destroy. I came that they may have **life** and have it **abundantly.**"*
John 10:10