

PERSONAL HISTORY

NAME: _____ DATE: _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ EMAIL: _____ BIRTHDAY: / /

HOME/CELL PHONE: _____ WORK PHONE: _____

REFERRED TO THIS OFFICE BY: _____

BUSINESS/EMPLOYER: _____ TYPE OF WORK: _____

EMERGENCY CONTACT: _____

CURRENT HEALTH CONDITIONS

PURPOSE OF THIS APPOINTMENT: _____

NAME OF OTHER DOCTOR(S) SEEN FOR THIS CONDITION: _____

WHEN DID THIS CONDITION BEGIN: _____

LIST DATES ABSENT FROM WORK DUE TO THIS CONDITION: _____

IS THIS CONDITION A RESULT OF: AUTO ACCIDENT _____ WORK INJURY _____
SPORTS INJURY _____ OTHER _____

PLEASE LIST MEDICATIONS YOU ARE CURRENTLY TAKING: _____

PAST HEALTH CONDITIONS

MAJOR SURGERY/OPERATION(S): _____

DO YOU HAVE A PACEMAKER? _____ ARE YOU OSTEOPOROTIC? _____

LIST BROKEN BONES/SPRAINS: _____

MAJOR ACCIDENTS/FALLS: _____

HOSPITALIZATION (OTHER THAN ABOVE): _____

PREVIOUS CHIROPRACTIC CARE: NONE _____ YES _____ WITHIN THE PAST SIX MONTHS _____

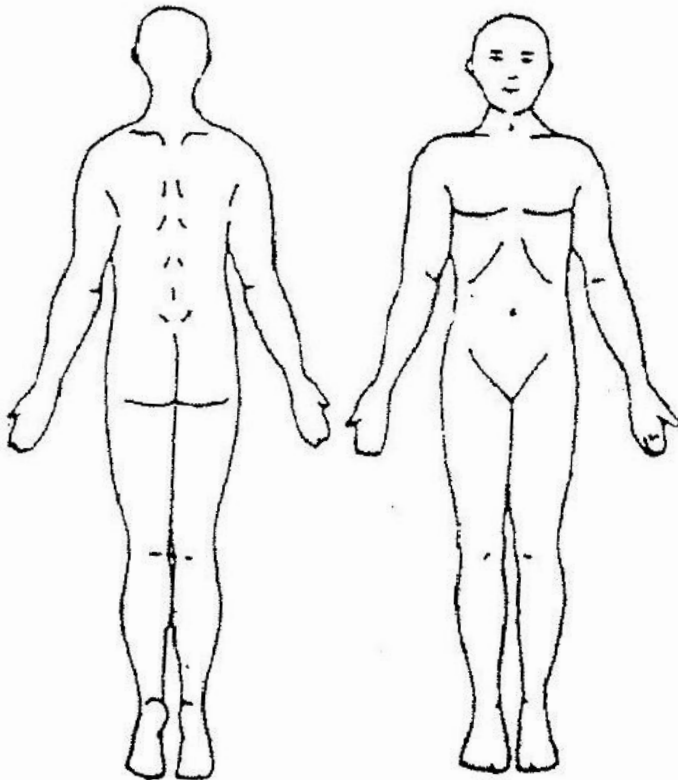
HAVE YOU BEEN TREATED FOR ANY HEALTH CONDITION IN THE PAST YEAR? _____

PAST HEALTH CONDITIONS, cont.

PLEASE CHECK THE ITEMS YOU HAVE OR HAD AND CIRCLE ITEMS THAT ARE COMMON TO OTHER FAMILY MEMBERS:

ANEMIA___ RHEUMATOID ARTHRITIS___ CANCER (TYPE) _____ DIABETES (TYPE)___
EMPHYSEMA___ EPILEPSY___ FIBROMYALGIA___ GOUT___ HEART DISEASE___ STROKE___
HIGH BLOOD PRESSURE___ HYPER/HYPOTHYROIDISM___ HYSTERECTOMY___ LUPUS___
LYME TICK DISEASE___ MENSTRUAL IRREGULARITY___ MIGRAINE HEADACHES___ TMJ___
MULTIPLE SCLEROSIS___ OSTEOARTHRITIS___ PSORIATIC ARTHRITIS___ POLIO___

PLEASE DRAW/MARK THE AREA/AREAS OF YOUR DISCOMFORT ON THIS DIAGRAM, AND YOU MAY INCLUDE WRITTEN DESCRIPTIONS:



ADDITIONAL INFORMATION

NUMBER OF HOURS SITTING PER DAY:_____ QUALITY & FIRMNESS OF BED:_____

NUMBER OF HOURS OF SLEEP PER NIGHT:_____QUALITY OF SLEEP: good__fair__poor__

DO YOU WEAR HEEL LIFTS? R/L, SIZE_____ ORTHOTICS?___ WHAT TYPE OF SHOES DO YOU

WEAR MOST FREQUENTLY? _____ DO YOU PAY SPECIAL ATTENTION TO YOUR DIET?_____

IF YES, ARE YOU CURRENTLY ON A PARTICULAR DIET?_____

AMOUNT OF WATER CONSUMED DAILY:_____PLEASE LIST ANY VITAMIN/MINERAL

SUPPLEMENTS YOU ARE PRESENTLY TAKING:_____

ARE YOU TAKING MEGADOSES OF ANY VITAMIN/MINERAL SUPPLEMENTS? YES/NO

TYPE OF EXERCISE OR PHYSICAL ACTIVITY PRACTICED REGULARLY: _____

FREQUENCY OF EXERCISE/PHYSICAL ACTIVITY (number of times/hours per week):_____

AMOUNT OF ALCOHOL CONSUMED PER DAY/WEEK:_____CAFFEINE_____TOBACCO_____

FINANCIAL POLICY

I CURRENTLY UNDERSTAND AND AGREE THAT I AM RESPONSIBLE FOR THE PAYMENT OF ALL SERVICES RENDERED TO ME. I UNDERSTAND THAT PAYMENT IS DUE AT TIME OF SERVICE, AND THAT THIS OFFICE DOES NOT BILL DIRECTLY TO ANY INSURANCE, BUT WE WILL PROVIDE A RECEIPT FOR PATIENT CLAIM SUBMISSION IF REQUESTED.

PATIENT'S SIGNATURE:_____ **DATE:**_____

GUARDIAN SIGNATURE:_____ **DATE:**_____

INFORMED CONSENT FOR EXAMINATION & TREATMENT

As a potential chiropractic patient, you have the right to be informed about your health condition and the recommended treatment to be provided. This allows you to make an informed decision regarding the known benefits and risks associated with chiropractic care. I understand that, as with all healthcare procedures, there are some risks associated with chiropractic treatments, including but not limited to: strains, sprains, dislocations, and/or disc injuries. Although I plan on discussing the nature and purpose of the different physiotherapeutic and chiropractic treatment procedures, I do not expect the doctor to be able to anticipate or explain all risks and complications, as I choose to rely on the doctor's judgment during the course of the treatment. I have read the above information and consent to receive chiropractic care. I agree this consent form also covers any future treatment rendered at this office.

PATIENT'S SIGNATURE: _____ **DATE:** _____

CONSENT TO EVALUATE & TREAT A MINOR

I, _____ being the parent or legal guardian of
_____ have read and fully understand the above
Informed consent and hereby give permission for my child to receive chiropractic
examination and treatment.

GUARDIAN SIGNATURE: _____ **DATE:** _____