

Personal History

Name: _____ Birth Date: _____ Age: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Home# _____ Work# _____ Cell # _____

Social Security # _____ Drivers Licence # _____

Employer: _____ Type of Work: _____

Circle One: Married Single Divorced Widowed Separated Number of Children _____

Spouses Name: _____ Contact # _____

Emergency Contact Name & Number: _____

Who is responsible for your bill?

- Myself-No Insurance
- Myself and my Personal Insurance
- Auto Insurance
- Workers Comp Insurance
- Third Party Insurance

Left  Right

What is your condition? _____ Mark where you feel your pain.

Have you seen another Doctor for this condition? _____

(Their Name/s)

Types of treatment: _____

Results from these treatments: _____

When did this condition begin? _____ Has it occurred before? _____

Is this condition: Job Related Auto Accident Home Injury Fall Sports N/A

Please list all medications you currently use: _____

Do you wear a shoe lift: Yes No

Do you suffer from any condition other than which you are consulting us? _____

Past Health History:

Major Surgery/Operations: _____

Broken Bones: _____

Hospitalizations: _____

Major Accidents and Falls: _____

Circle: Appendectomy Tonsillectomy Gall Bladder Hernia Back Surgery

Previous Chiropractic Care: (Date/Doctor) _____

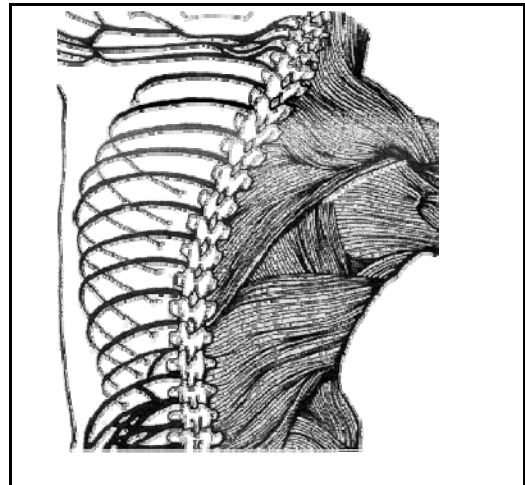
Why chiropractic? People go to Chiropractors for a variety of reasons. Some go for symptomatic relief of their pain or discomfort (Relief Care). Others are interested in having the cause of the problem as well as the symptoms corrected and relieved (Corrective Care). Your Doctor will weigh your needs and desires when recommending a treatment program for you.

Please check the type of care desired so that we may be guided by your wishes whenever possible.

Relief Care Corrective Care The Doctor may decide the appropriate care for my condition



Relief Care: Relief care is necessary to get rid of your symptoms or pain, but not the cause of it. It is the same as drying a floor that is getting wet from a leak but not fixing the leak.



Corrective Care: The goal for corrective care is, while relieving the symptoms, to correct the cause of the problem. This varies in it's length of treatment time, but is longer lasting.

I understand and agree that health and accident policies are an arrangement between an insurance carrier and myself. I understand that the Doctor's office will prepare any necessary reports and forms to assist me in making collection from my insurance company and that any amount authorized to be paid directly to the Doctor's office will be credited to my account on receipt. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate, any fees for professional services rendered to me will be immediately due and payable.

I hereby authorize the Doctor to treat my condition as he deems appropriate through use of manipulation throughout my spine. It is understood and agreed the amount paid the Doctor, for X-rays, is for the examination only and the X-ray negatives will remain the property of this office, being on file where they may be seen at any time while a patient of this office. The Doctor will not be held responsible for any pre-existing medically diagnosed conditions, nor for any medical diagnosis.

Patient Signature: _____

Date: _____

Guardian/Spouses Signature authorizing care: _____