St. Joseph Chiropractic

NEW PATIENT INFORMATION

Welcome to our office! Please complete all questions.

Name:	Today's Date:				
Address:					
City/State/Zip:					
Home phone:	Work phone	2:	Cell phone:		
Birth date:	Age:	Social Security #	t:		
Marital Status: M W	D S	Your email addr	ess:		
Your employer:		Occupation:			
Spouse's name:	se's name: Spouse's employer:				
Children's names/ages:					
Your favorite hobbies:					
Who may we thank for referring you?					
When did you last see a Chiropractor?Dr.:					
Are you here because of a recent auto or work injury? Date of accident:					
Other doctors you've seen recently:					
Surgeries you've had:					
Have you ever been diagnosed with cancer? What kind?					
Who is financially responsible for this bill?					
Method of payment: [] Check [] C	Cash [] Insura	nce		
Emergency contact:					

THE PURPOSE OF THIS OFFICE IS TO EDUCATE AS MANY FAMILIES AS POSSIBLE ABOUT THE SPINAL CON-DITION AND VERTEBRAL *SUBLUXATION*. *VERTEBRAL SUBLUXATION* DESTROYS AN OPTIMAL SPINE AND YOUR ABILITY TO HAVE *OPTIMAL HEALTH*. YOUR EXPERIENCE AT THIS OFFICE WILL NOT ONLY BE OF HEALING, BUT ALSO OF LEARNING THE <u>TRUTH</u> ABOUT OPTIMAL HEALTH AND HEALING. The vast majority of our patients have experienced dozens of impacts that could cause Vertebral Subluxations. Help us discover a few of yours.

1. How many total auto accidents have you been in?

5+ 3-4 1-2 0 Motorcycle accidents? Yes No

2. Which of the following sports have you been involved in? Football, basketball, field hockey, gymnastics, horseback riding, martial arts, roller blading, other:_____

3. Have you ever Falle		
Нао	a sports injury	Had a stress or strain while working
4. Do you Sit m	nore than 4 hours per day	/ Drive more than 2 hours per day
5. Are you a Compute	er operator Assembly	line worker Construction worker
Truck Di	river Single or	working mother Other
SUBLUXATIONS CAN CAUSE N EXPERIENCING:	IALFUNCTION IN ANY PART	OF THE BODY. PLEASE CHECK HEALTH COMPLAINTS YOU ARE CURRENTLY
Low back pain	Arm/ Hand probler	m Carpel Tunnel syndrome
Neck Pain	Leg/Foot problem	Ear infections
Headaches	Asthma	Frequent Colds/ Infections
Upper/Mid back pain	Allergies	Spinal curvature
Shoulder Pain	Sinus Problems	Digestive problems
Other		
SUBLUXATIONS CAN PUT PRE	SSURE ON NERVES FOR A LC	DNG PERIOD OF TIME.
How long have you had the	e above complaints?	
NERVE PRESSURE AND IRRITA		
now often do you have the		
IRRITATION TO DIFFERENT NE	RVE FIBERS CAN CREATE DI	FFERENT SENSATIONS.
Is yours sharp, dull, throbb	oing, burning, numbness,	or achy?
SUBLUXATION CAN CAUSE A V	WEAKENING OF THE ENTIRE	SPINE.
Is yours worse in the AM, F	PM, anytime? After activi	tv?

I understand and agree that health and accident insurance policies are an arrangement between and insurance carrier and myself. Furthermore, I understand Saint Joseph Chiropractic will prepare any necessary reports and forms to assist me in making collections from the insurance company and that and amount authorized to be paid directly to Saint Joseph Chiropractic will be credited to my account upon receipt. <u>However, I clearly understand and agree that I am per-</u><u>sonally responsible for payment.</u>

Patient's Signature

Date