

CHIROPRACTIC HISTORY:

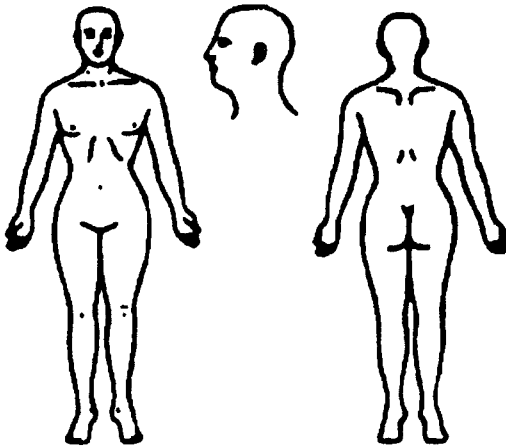
Have you ever been to a Chiropractor before? Yes No If yes, Doctor's Name _____

Date of last chiropractic visit _____ Reason for care _____

Date of last chiropractic x-rays _____ How long were you under care? _____

Are other family members under chiropractic care? Yes No If yes, who? _____

Please mark your areas of pain on the figures below



Have you ever suffered from:

- 1. Dizziness _____
- 2. Headaches _____
- 3. Sinus Trouble _____
- 4. Heart Conditions _____
- 5. Back Pain/Neck Pain _____
- 6. Allergies _____
- 7. Asthma _____
- 8. Nervous Disorders _____
- 9. Diabetes _____
- 10. Arthritis _____
- 11. Digestive Disorders _____
- 12. Menstrual Disorders _____

INSURANCE INFORMATION:

Is your condition due to an auto accident or job related injury Yes No

Do you have health Insurance? Yes No If yes,

Name of Company _____ Policy # _____

Policy Holder's Name _____

Policy Holder's Birthdate _____ Employer _____

Are you covered by Medicare? Yes No If yes, Health Insurance # _____

I understand and agree that health and accident policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that Chiropractic will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to Chiropractic will be credited to my account upon receipt. Therefore, I assign my insurance benefits to be paid directly to Chiropractic. 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 my care and treatment, any fees for professional services rendered to me will be immediately due and payable.

I will be paying today by Cash Check Credit Card
 Master Card Visa Card # _____ Exp. Date _____

All accounts not paid within 90 days will automatically be put through on your credit card.

Patient's Signature: _____ Date _____

Guardian or Spouse's Signature: _____ S.S. # _____