

What Do You Know About Chiropractic?

In your own words, what do chiropractors do? _____

Do you know what spinal nerve stress/subluxation is? no yes

If yes, please describe _____

Do any friends or relatives see chiropractors? no yes

If yes, do they use chiropractic for health maintenance/optimization

health problems both

Are you seeking chiropractic for health maintenance/optimization

health problems both

What would you like to gain from chiropractic care? _____

Are there other health concerns or anything else you'd like us to know about you?

no yes If yes, please tell us. _____

Notes _____

Financial Responsibility

Who is responsible for payment? _____

How will you pay for your care?

Cash Check Credit Card # _____ Exp. _____

Insurance co. _____ Group Policy # _____

Address _____ Phone # _____

Insured's name _____

Relation _____ Insured's employer _____

The above is accurate to the best of my knowledge.

(signature)

(date)

I, parent/guardian, give permission for minor's care.

(signature)

(date)

