

Healing Lakes Chiropractic

Name: _____ Date: _____

DOB: _____ Age: _____ Gender: _____

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

Phone #: _____ Email: _____

How did you hear about us? _____

What is your occupation? _____

Have you ever had Chiropractic care before? Y N
If yes, when was your last adjustment? _____

Have you ever been in an accident? Y N
If yes, what type of accident and when? _____

Have you ever had any surgeries? Y N
If yes, what type and when? _____

Have you ever been hospitalized? Y N
If yes, why and when? _____

Have you ever had cancer? Y N
If yes, what type and when? _____

Are you taking any medication? Y N
If yes, what type and what is it for? _____

Are you taking any supplements? Y N
If yes, what type and what is it for?

What is your primary complaint today?

How long have you had this problem?

On a scale of 1 to 10, 10 being the worst, What is your pain level?

Signature: _____

Consent

By signing below, I hereby request and consent to the performance of Chiropractic adjustments and other Chiropractic procedures, and, if necessary, I will be referred out for diagnostic x-rays. I intend this consent to cover the entire course of treatment for my present condition and for any future conditions(s) for which I seek treatment.

Patient Signature:

Guardian Signature, if minor:

Cancellation and No Show Policy

A \$50 fee will be charged to your account for any visits that were not cancelled prior to three hours before that appointment.

Please initial that you have read and understand this policy: