

(Practice Name and Tagline) example: XYZ Chiropractic- Feel Better Naturally

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Area of the body you would like to have checked:

- Feet/Ankles
- Knees/Hips
- Shoulders/Ribs
- Wrist/Elbow
- Jaw
- Neck
- Upper Back
- Lower Back/Pelvis

Primary complaint(s)/question(s): \_\_\_\_\_

\_\_\_\_\_

History of car accident, surgery, fractures, cancer or any other health problems in the past 2 years? No Yes explain \_\_\_\_\_

\_\_\_\_\_

Every type of health care is associated with some risk of potential problems. State law requires that you sign an informed consent form prior to receiving care. **By signing this form, you are consenting to receive a chiropractic evaluation** and other chiropractic procedures, including various modes of physical therapy and soft tissue work. I understand and am informed that, as with any medical treatment, chiropractic adjustments may have some risks associated with treatment. I have had the opportunity to discuss these risks with the Doctor.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Doctors Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_