

New Patient Form

The purpose of this office is to educate as many families as possible about the spinal condition known as *Vertebral Subluxation*. Vertebral Subluxation destroys an *optimal spine* and your ability to have Optimal Health. Your experience with this office will not only be of healing but also of learning the truth about **optimal health and healing**.

Please complete all questions.

Name: _____ Today's Date: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone/Pager: _____

Birth Date: / / Age: _____ Social Security #: - -

Marital Status: M W D S P Email Address: _____

Employer: _____ Type of Work/Occupation: _____

Spouse's Name: _____ Spouse's Employer: _____

Children's Names & Ages: _____

Your Favorite Hobbies & Interests: _____

Who may we thank for referring you? _____

When did you last see a chiropractor? _____

Are you here because of a recent auto or work injury? _____ Date of Accident: _____

Other Doctors you've seen recently: _____

Drugs you take: _____ Vitamins or Supplements: _____

Surgeries you've had: _____

Is there any chance you are pregnant? _____

Ever diagnosed with cancer? _____ What type? _____

Who is financially responsible for this bill? _____

Method of Payment for First Visit: () Cash () Check () Credit Card

Emergency Contact: _____ Phone: _____

A. 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, even if you weren't driving? (Please circle)

5+ 3 – 4 1 – 2 0 Motorcycle accidents Yes No

2. Which of the following sports have you been involved in? (Please circle) football, basketball, soccer, field hockey, gymnastics, lacrosse, golf, tennis, rowing (crew), horseback riding, martial arts, roller blading, other

3. Have you ever: () fallen down the stairs () slipped on ice or snow
() had a stress or strain while working () had a sports injury

4. Do you: () sit more than 4 hours per day () work at a computer more than 1 hour at a sitting
() drive more than 2 hours per day () spend long periods of time on the phone

B. Subluxations can cause malfunction in any part of the body. Please check health complaints you are currently experiencing

() Low Back Pain	() Arm/Hand Problem	() Carpal Tunnel Syndrome	Other
() Neck Pain	() Leg/Foot Problem	() Ear Infections	_____
() Headaches/Migraines	() Asthma	() Frequent Colds/Infection	_____
() Upper/MidBack Pain	() Allergies	() Spinal Curvature	_____
() Shoulder Pain	() Sinus Problems	() Digestive Problems	_____
() Depression	() Irritability	() Menstrual Problems	_____

C. Subluxations can put pressure on nerves for a long period of time. How long have you had the above complaint(s)?

D. Have you had the same or similar problems(s) before? Yes _____ No _____

E. Nerve pressure and irritation can be constant or occasional. How often do you have the above complaint?

F. Irritation to different nerve fibers can create different sensations. Is yours sharp, dull, throbbing, burning, numbness, or achy?

G. Subluxation can cause a weakening of the entire spine. Is yours worse in the AM, PM, anytime or during activity?

1. All first visit charges are payable when services are rendered.
2. The fee paid for treatment x-rays is for analysis only. The film itself is the property of this office. Once films are used for treatment purposes they cannot be released.

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

Patient's Signature

Date

Guardian's/Parent's Signature Authorizing Care for a Minor

Date

