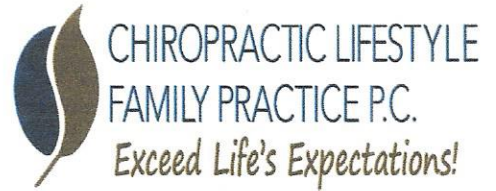


Name: _____
 Phone: _____
 Email: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 DOB: _____ M F S M W #of children: _____
 Occupation: _____
 Primary reason for consulting the office: _____
 How long has this been going on? Days _____ Weeks _____ Years _____
 Was the pain sudden / gradual? How would you rate your pain on a scale of 1-10? _____
 Any previous incidents in your life? _____
 Seen other chiropractors: Y N # of visits: _____ Who? _____
 X-rays in last 2 years: Y N Area x-rayed: _____
 Name of MD: _____
 Others seen for this condition: _____



How did you hear about us?:

Internet Search Facebook

Physician: _____

Existing Patient: _____

Other: _____

Current Health Challenge Information

Describe the pain: ()sharp ()dull ()travels ()constant ()aching ()burning ()numbing ()shooting ()tightness ()throbbing ()tingling

Since onset of pain: ()worse ()better ()same ()on/off

Anything making it worse?: ()standing ()sitting ()lying ()applied pressure ()coughing/sneezing ()motion _____ ()other _____

Are any of your systems involved: ()digestive ()cardiovascular ()respiratory ()elimination ()reproductive

Does the pain cause you to: ()lose sleep ()be short tempered ()miss work ()miss play ()lose focus

Any other factors about your current problem/pain?: _____

Injury History

Hospital birth: Y N Ever fall as a child?: Y N Ever been knocked out?: Y N Play any sports?: Y N

What sports? _____ Ever broken a bone?: _____

Ever been in any motor vehicle accidents? (please note type & year, even if not apparently injured)

Any surgeries? _____

History of illness: _____

List current medications: _____

Agreements to Office Fees

Initial Exam	\$100
Consultation	\$20
Adjustments/Therapies	\$60
Progress Exam	\$70
Cone Beam Scan	\$300
Cone beam Report	\$80
Spinal Decompression	\$195
Orthotics Consultation	\$20

- ◆ Payment is due at or before time of service
- ◆ Please make checks payable to **CHIROPRACTIC LIFESTYLE**
- ◆ Missed appointments without rescheduling or contact 24 hours prior to scheduled appointment will be subject to the regular visit fee of \$40
- ◆ Payment options and Value Packages available for Initial Stabilization Care and Wellness Plans