New Patient Information

Our purpose at Peterson Chiropractic is to provide

Love, Hope, and Healing to your family through chiropractic.

Please Complete All Questions

Name	Date			
Address				
City/State/Zip				
Home Phone	Cell			
Email address I give Peterson Chiropractic, PLLC permission to se Chiropractic, PLLC agrees to keep the above email	, , , , , , , , , , , , , , , , , , ,			
Birth Date	Current Age	Sex: M or F		
Employer	Occupation			
Spouse's Name	Spouse's Employer			
Children Names & Ages				
Your Favorite Hobbies				
Who may we thank for referring you?				
When did you last see a chiropractor?				
Chiropractor's Name?				
List other doctors you have seen recently-	-			
Drugs taken				
Surgeries you have had				
Who is financially responsible for this bill	1?			
Emergency Contact	Phone Number			
What are your major complaints?				
On a scale from 1-10 how important is your health to you?				

2	0 1-2 3-4 5+ Which of the following sports have you been involved in? (please circle)
2.	Football Basketball Baseball Soccer Hockey Gymnastics Martial Arts
	Dance Wrestling Horseback Riding Skating Water Skiing Other
3.	Have you ever (please check the box)[]Fallen down the stairs[]Had a stress or strain while working[]Slipped on ice or snow[]Had a sports injury
4.	Do you (please check the box) []Sit more than four hours a day []Drive more than two hours a day []Work at a computer more than two hours a day
4. 5.	[]Sit more than four hours a day []Drive more than two hours a day []Work at a computer more than two hours a day
	[]Sit more than four hours a day []Drive more than two hours a day []Work at a computer more than two hours a day

E I					
	Please check all the health complaints you are experiencing.				
	[]Neck Pain	[]Arm/Hand Problems	[]Ear Infections		
	[]Upper/Mid Back Pain	[]Leg/Foot Problems	[]Frequent Colds		
	[]Low Back Pain	[]Asthma	[]Digestive Problems		
	[]Headaches	[]Allergies	[]High Blood Pressure		
	[]Spinal Curvature	[]Sinus Problems	[]Diabetes		
	-				

How long have you had the above problem(s)?

How often have you had the above complaint(s)?

Irritation to different nerve fibers can create different sensations. Is yours []Sharp []Dull []Throbbing []Achy []Burning []Tingling []Numb []Other

Is your problem worse [] in the morning [] late in the day [] at night [] all the time [] after activity?

Please Note:

- 1. All first visit charges are payable/due when services are rendered.
- 2. The fee paid for X-rays is for analysis only. The film itself is property of Peterson Chiropractic, PLLC.

I understand and agree that health and accident insurance policies are an arrangement between and insurance carrier and myself. Furthermore, I understand Peterson Chiropractic, PLLC will provide the necessary information to assist me in making collections from the insurance company and any amount authorized to be paid directly to Peterson Chiropractic, PLLC will be credited to my account. However, I clearly understand and agree that I am personally responsible for payment due for services rendered.

Signature		
Guardian	's Signature authorizi	ng Minor's car

Date____