New Patient Information (CHILD)

Our Purpose at Peterson Chiropractic, PLLC is to educate as many families as possible about the spinal condition known as **Vertebral Subluxation**. **Vertebral Subluxation** destroys **Optimal Health**.

Your experience with our office will be one of healing, as well as, one of learning the truth about Optimal Health & Healing.

Name		Date
Address		
City/State/Zip		
Home Phone		Cell
. , ,	on to send educational	and informational notices to the above email. Peterson ential and will not share it with any other party.
Birth Date	_Current Age	Social Security
Parent's Name(s)		
Siblings		_
Your Favorite Hobbies		
Who may we thank for referring you	1?	
When did you last see a chiropractor	r?	
Doctor's Name?		
List other doctors you have seen rec	ently	
Drugs taken		
Surgeries you have had		
Ever diagnosed with cancer?	_What kind?	
Who is financially responsible for the	nis bill?	
Emergency Contact		Phone Number
What are your major complaints? How do you want us to handle yourTemporary Relief (help the sMaximum Correction (correction a scale from 1-10 how important	problem? symptom, not the proct the cause of the process.	problem)

The vast majority of our patients have experienced literally dozens of impacts that could cause Vertebral Subluxation . Help us discover a few of yours.
1. How many auto accidents have you been in? (please circle) Motorcycle accidents? 0 1-2 3-4 5+
Which of the following sports have you been involved in? (please circle) 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 []Sit at a computer more than two hours a day
Subluxations can cause malfunction in any part of the body. 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
Subluxations can put pressure on nerves for a long time. How long have you had the above problems?
Nerve pressure and irritation can be constant or occasional, How often have you had the above complaint?
Irritation to different nerve fibers can create different sensations. Is yours []Sharp []Dull []Throbbing []Achy []Burning []Tingling []Numb []Other
Subluxations can cause weakening of the entire spine. Is yours worse [] in the morning [] late in the day [] at night [] all the time [] after activity?
Please Note:
 All first visit charges are payable/due when services are rendered. 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.
Guardian's Signature authorizing Minor's care
Date