

# Intake Form

# Healthy Family Chiropractic PC

Date: \_\_\_\_\_ Patient #: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Referred by: \_\_\_\_\_ Work: \_\_\_\_\_

Is this for the whole family? Family \_\_\_ Self \_\_\_

Primary reason for consulting our office: \_\_\_\_\_

Seen other Chiropractors? N Y Who: \_\_\_\_\_ # of visits \_\_\_\_\_

Spinal X-rays in last year? N Y Location of x-rays: \_\_\_\_\_

Name of MD: \_\_\_\_\_ Others seen for this condition: \_\_\_\_\_

Height: \_\_\_ft. \_\_\_in. Weight: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Driver License # \_\_\_\_\_ SS#: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ PH: \_\_\_\_\_

Do you have insurance: N Y Insurance company: \_\_\_\_\_

Ins #: \_\_\_\_\_ Group #: \_\_\_\_\_

Spouses Name: \_\_\_\_\_ Insured DOB: \_\_\_/\_\_\_/\_\_\_

**Office fees 1<sup>st</sup> visit/exam \$185.00 Minimum office visit \$50.00 Re-exams \$125.00**

**X-ray fees range from \$60.00 to \$300.00 (depending on number taken)**

### Informed consent to Chiropractic care.

I hereby request and consent to the performance of chiropractic adjustments, other chiropractic procedures and, if necessary, diagnostic x-rays on me by the doctor of chiropractic at the above named office and/or anyone authorized by the same office. I further understand and am informed that, with all health care, there are some slight risks to treatment and do not expect the doctor to be able to anticipate or explain all risks and combinations; and wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known, is in my best interest. I have read this consent and intend this consent form to cover the entire course of my care for this condition and any care in the future.

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Witness: \_\_\_\_\_

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



Over 70% of our patients bring in their child to get adjusted. If you would like to have your child and/or spouse checked for subluxations check the box below. They can receive a complimentary new patient exam if scheduled in 2 weeks of your starting care. This exam is at no cost to you and does not obligate them to receive future care. We have several convenient and affordable family plan payment options should family members decide to receive care.

I would like my family member to be checked for subluxations in the next 2 weeks.