Fish Family Chiropractic

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New Patient Paperwork

Confidential Patient History

Name: _____ **Date:** _____
First Middle Last

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____ **Home Phone:** _____

Cell Phone: _____ **Phone Carrier:** _____

What is your preferred method of communication? _____

Emergency Contact: _____ **Emergency Phone:** _____

Date of Birth:___-___-____ **Age:**___ **Sex:** ☐ M ☐ F **Social Security #:** _____

Marital Status: ☐ S ☐ M ☐ D ☐ W **Spouse's Name:** _____

Children's Name and Ages: _____

Work Address and Number:_____

How did you find us? _____

Whom may we thank for referring you? _____

I came in today because:_____

CHIROPRACTIC HISTORY

Previous Chiropractic Care? ☐ Yes ☐ No **Office Name:** _____

What did they do during your last visit? _____

Date of last Adjustment: _____ **I was a patient there from** _____ **to** _____

BIRTH

Tell us about your birth.

Delivery: ☐ Vaginal ☐ C-section ☐ Pre-Term ☐ Breech

Nutrition: ☐ Bottle Fed ☐ Breast Fed

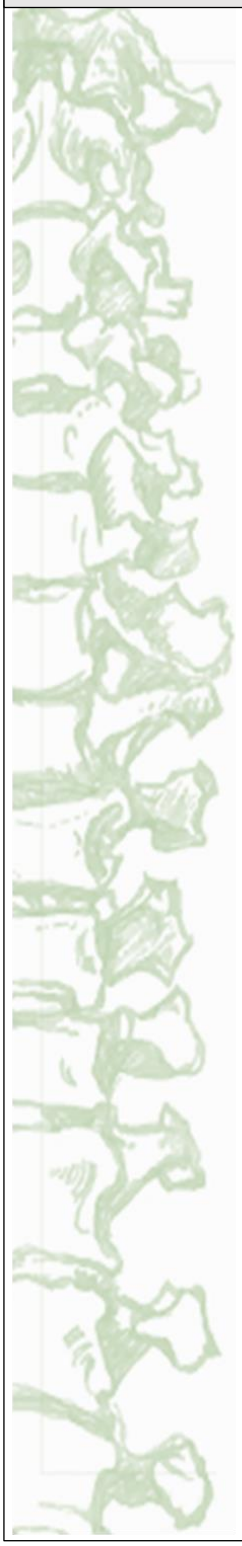
Delivery was attended by: ☐ Clamps (Forceps) ☐ Vacuum ☐ Extraction

SCHOOL/WORK

Student: ☐ Full Time ☐ Half-time **School:** _____

Occupation: _____ **Employer:** _____

Dr's Notes



I understand that I can achieve my best life with regular chiropractic care!	☐ **Yes** ☐ **No**

HEALING HAPPENS FROM ABOVE DOWN INSIDE OUT

Get HOOKED on Chiropractic

FOLLOW US AT
@FISHFAMILYCHIROPRACTIC

What is a SUBLUXATION? Subluxation is nerve interference.
What do chiropractors do about it? We correct the subluxation and remove the nerve interference.

Stress on the Body

Auto Trauma

My most recent car accident was on (date) _____
I suffered from: _____
And before that was on (date) _____
I suffered from _____
And before that was on (date) _____
I suffered from _____

Trauma on the Body, By choice

Types of Exercise: ☐ Gym ☐ Rowing ☐ Sports ☐ Running ☐ Hiking ☐ Tennis
☐ Swimming ☐ Yoga ☐ Equestrian ☐ Other: _____
Exercise Frequency: ☐ Multiple times a week ☐ Twice a week ☐ Once a week
☐ Every other week ☐ Once per month
Previous youth or college sports: _____
Current sports or physical activity: _____
Physical hobbies and leisure activities: _____
I have broken the following bones: _____

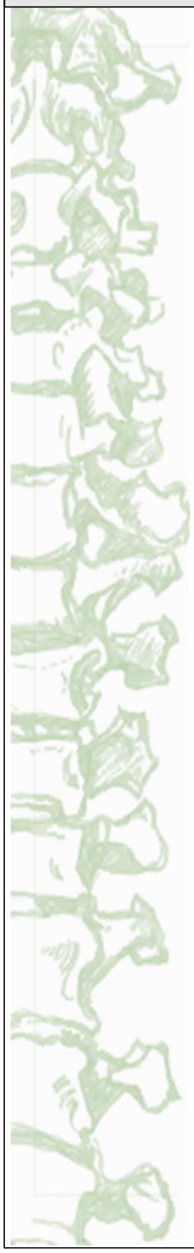
Trauma on the Body, Unknown

The image that I have circled reflects how I sleep.

Finance:

☐ **I have insurance what will help cover my bill.**
☐ **I do not have insurance that help will cover my bill.**
Payment method for this visit: ☐ Cash ☐ Check ☐ Credit Card ☐ HAS/FSA

Dr's Notes



Authorization

I certify that I have answered the above questions to the best of my knowledge. I understand that providing incorrect information can be dangerous to my health. I authorize Fish Family Chiropractic, FFC, to release any information including the diagnosis and the records of any treatment or examination rendered to me or my children during the period of such chiropractic care to third party payers and or health practitioners. I authorize my insurance company/attorney to make payment directly to my chiropractor. I understand that the bill in its entirety is my responsibility and that I agree to pay any remaining balance following third party reimbursement so that my bill is paid in full.

_____
Initials

I give permission for FFC to display my family's photos in the office and on social media. I understand that as I experience great results, I am likely to choose to write reviews or testimonials that may be posted within the office as well as on social media. I understand that FFC may reply online to my reviews/testimonials.

_____
Initials

X_____ _____
Signature **Date**

I look forward to getting <u>HOOKED</u> on Chiropractic!