

*Bordentown Chiropractic Clinic * New Patient Information Worksheet*

Name: _____ SS#: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Birth Date: _____

Employed By: _____ Spouse Name: _____ Number of Children _____

Your E-mail Address: _____

Referred By: (Friend) (Relative) (Newspaper Ad) (Yellow Pages) (Sign) (Insurance Plan) (Internet) (Other)

Which one of our patient's should we thank for referring you? _____

Please circle your current symptoms:

(Headaches) (Neck Pain) (Neck Stiffness) (Allergies) (Shoulder/Arm Pain) (Upper Back Pain)

(Mid-Back Pain) (Lower Back Pain) (Hip/Pelvis Pain) (Sinus Problems) (Asthma) (Stomach Pain)

(Chest Pain) (Numbness) (Arthritis) (Sciatica) (Stress) (Other) _____

My symptoms are due to: (Auto Accident) (Work Accident) (Home Accident) (Gradual Onset)

List all surgeries in the past 5 years _____

Have you had spinal surgery? (No) (Yes) If Yes, please list: _____

List any serious condition the doctor should be aware of: _____

Previous Chiropractor: _____ Were you satisfied? (No) (Yes)

***Females: Are you pregnant at this time?** (No) (Yes) Due Date: _____

Office Policies: If I am accepted as a patient at Bordentown Chiropractic I agree to pay for all services, including services not covered by my insurance company. If I suspend (or terminate) my treatment without the doctor's permission, it will be understood that I have reached maximum healing for my condition. I then agree to be fully responsible for my condition and future care. I understand that no medical records or x-rays will be released from this office if I owe any money on my account.

Consent To Treat: I also understand that no cures are promised (or implied) and any risks regarding care at this office will be explained to me upon my request. I now authorize Dr. Parkes to proceed with any necessary treatment. I have read Dr. Parkes's office policies and consent to treat information, and I agree with them by signing below:

Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____