

# *Lumsdon Chiropractic*

Dr. Jay Lumsdon and Dr. Brian Lumsdon

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone : Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_ Referred by \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status \_\_\_\_\_ How many children? \_\_\_\_\_

Occupation \_\_\_\_\_ Spouse's name \_\_\_\_\_

Medical doctors name \_\_\_\_\_

Have you ever consulted a Doctor of Chiropractic? \_\_\_\_\_ If yes, who? \_\_\_\_\_

When? \_\_\_\_\_ How long? \_\_\_\_\_ Did you receive X-rays? \_\_\_\_\_

---

The statements made on this form are accurate to the best of my recollection and I agree to allow this office to examine me for further evaluation:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature of Guardian if minor*

\_\_\_\_\_  
*Date*

## Privacy Act:

I consent to the use of my protected health information by Lumsdon Chiropractic for the purpose of analyzing, diagnosing or providing treatment to me, obtaining payment for my health care bills or conduct health care operations. HIPAA Compliance.

\_\_\_\_\_  
*Signature of Patient*

\_\_\_\_\_  
*Printed Name of Patient*

\_\_\_\_\_  
*Date*

Thank you for choosing Lumsdon Chiropractic.