New Patient Form

The purpose of this office is to educate as many families as possible about the spinal condition known as an ***Upper Cervical Vertebral Subluxation***. These Subluxations destroy an ***Optimal Spine*** and your ability to have ***Optimal Health***. Your experience with this office will not only be of healing but also of learning the truth about **optimal health and healing through Upper Cervical Correction(s)**.

Please complete all questions.

Name:		Today's Date:
Address:		
City/State/Zip:		
Home Phone:	Work Phone:	Cell Phone:
Birthdate:	Age:	Social Security #:
Marital Status: M W D S		Your E-Mail Address:
Your Employer:		Occupation:
Spouse's Name:		Spouse's Employer:
Children's Names & Ages:		
Your Favorite Hobbies:		
Who may we thank for referring you?		
When did you last see a Chiropractor?		Dr.
Reason for your visit today?		
Are you here because of a recent auto or work injury?		Date of Accident:
Other Doctors you've seen recently:		
Medicines you take:		
Surgeries you've had:		
Ever diagnosed with cancer?		What kind?
Who is financially responsible for this bill?		
Method of Payment: [ ] Cash [ ] Check [ ] Credit Card [ ] Insurance		
Emergency Contact:		Phone:

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

A. The vast majority of our patients have experienced dozens of impacts that could cause Vertebral Subluxations. Help us discover a few of yours.

1. How many total auto accidents have you been in? (please circle)
   5+ 3-4 1-2 0 Motorcycle accidents? Yes No

2. Which of the following sports have you been involved in? (please circle) football, basketball, soccer, field hockey, gymnastics, horseback riding, martial arts, roller blading,
   other: ________________________

3. Have you ever . . . (please check) [ ] fallen down the stairs [ ] slipped on ice or snow
   [ ] had a stress or strain while working [ ] had a sports injury

4. Do you . . . (please check) [ ] sit more than four hours per day
   [ ] drive more than two hours per day

5. Are you a . . . (please check) [ ] computer operator [ ] assembly line worker
   [ ] construction worker [ ] truck driver
   [ ] single or working mother [ ] __________________

B. Subluxations can cause malfunction in any part of the body. Please check health complaints you are currently experiencing:

			Other
[ ] Low Back Pain	[ ] Arm/Hand Problem	[ ] Carpal Tunnel Syndrome	
[ ] Neck Pain	[ ] Leg/Foot Problem	[ ] Ear Infections	__________________
[ ] Headaches	[ ] Asthma	[ ] Frequent Colds/Infections	__________________
[ ] Upper/Midback Pain	[ ] Allergies	[ ] Spinal Curvature	__________________
[ ] Shoulder Pain	[ ] Sinus Problems	[ ] Digestive Problems	__________________

C. Subluxations can put pressure on nerves for a long period of time. How long have you had the above complaint(s):

D. Nerve pressure and irritation can be constant or occasional. How often do you have the above complaint?

E. Irritation to different nerve fibers can create different sensations. Is yours sharp, dull, throbbing, burning, numbness, or achy?

F. Subluxation can cause a weakening of the entire spine. Is yours worse in the AM, PM, anytime? After activity?

1. All first visit charges are payable when services are rendered.
2. The fee paid for treatment x-rays is for analysis only. The film itself is the property of this office.

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand Hunter Chiropractic will prepare any necessary forms to assist me in making collections from the insurance company; and that any amount authorized to be paid directly to Hunter Chiropractic will be credited to my account upon receipt. However, I clearly understand and agree that I am personally responsible for payment.

_______________________________________ ______________________
Patient's Signature Date

_______________________________________ ______________________
Guardian's Signature Authorizing Care for Minor Date

HUNTER CHIROPRACTIC 3987-E Hamilton-Middletown Rd. **513.737.1073**
Office Hours By Appointment: M, T, W, and Thu. & Sat