

Intake Form –

Wollen Family Chiropractic

Box 1

Name: _____ Phone: Home: _____ Work: _____
Fax #: _____ Referred by: _____
Is this for the whole family? family _____ : self: _____ Spouse's Name: _____
Primary reason for consulting our office: _____

Any other associated warning signs complaints? _____

How long has this been going on? Days: _____ Months: _____ Years: _____
Any previous incidents in your life? _____

Box 2

GENERAL INFORMATION

WC#: _____ NF#: _____ Date: _____
Address: _____ City: _____ St: _____
Code/Zip: _____ Age: _____ DOB: _____ m f - - s m w #of children: _____
E-mail address: _____ Children's Names: _____
SS#: _____ Occupation/Employer: _____ Cell: _____
Seen other Chiropractors: **n y** Who: _____ #of visits: _____
X-rays in last two years: **n y** Area x-rayed: _____ Location of x-rays: _____
Name of MD: _____ Others seen for this condition: _____

Box 3

VISITS SCHEDULED

Visit 1: _____ Time: _____ Visit 2: _____ Time: _____ Visit 3: _____ Time: _____

Box 4

AGREEMENTS

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 named below and/or anyone authorized by the same doctor. I further understand and am informed that, as in 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: _____
Witness: _____

Print: _____
Date: _____

Box 5

QUALITY OF LIFE ISSUE

Work: (focus, production, time loss) _____
Relationships: (call spouse, kids, fellow workers) _____
Play: (What they love to do and anger) _____
Everyday: (shopping, watching TV, sleeping) _____

Level of challenge:
1 _____ 5 _____ 10 _____

Short term goal: _____

Long term goal: _____