

Name _____ Date: _____ Birthday: _____

List previous chiropractors (if any) you have seen: _____

Hobbies? _____

Occupation _____ Employer _____

Please check any of the following that you would also like help with:

- | | |
|---|--|
| <input type="checkbox"/> Managing stress | <input type="checkbox"/> Reduce anxiety |
| <input type="checkbox"/> Getting better sleep | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Healthy food choices | <input type="checkbox"/> Evaluating/choose supplements |

Reason for visit: Describe main area of concern: _____

Is this an injury or illness work-related? Yes ____ No ____ *If yes, does employer know?* Yes ____ No ____

Is this injury or illness related to an automobile accident? Yes (state of accident ____) No

Have you **consulted any type of doctor** for this concern? No ____ Yes ____

If yes: Type of Care: _____ Results? _____

Please list your primary Medical Practitioner: _____

Activities of Daily Living - How does this condition currently interfere with your life and ability to function?

Please put an X by any that have affected you in any way.

Unable to Relax	Less Coordination	Overall Comfort
Unable to feel Rested	Headaches	Back Comfort
Weak	Vision	Neck Comfort
Less alert	Blood pressure	Joint Comfort
Memory	Digestion	Walking
Cloudy Thinking	Sinus Congestion	Sitting
Moody	Breathing	Standing
Sleep issues	Immunity	Lifting
Hearing	Allergies	Bending
Balance	Colds/flu	Driving

I would like to receive appointment reminders via email: _____ No ____

I would like to receive appointment reminders via text messaging cell# _____ No ____

Marital Status: _____ Children: _____

574-946-4113 (Winamac) * 574-223-5557 (Rochester) * (765) 477-7707 (Lafayette)

Name _____ Date: _____

Major surgeries/operations/hospitalizations: if you need more space, use the back of this page

- | | |
|---------------------|---------------------|
| 1. _____ date _____ | 3. _____ date _____ |
| 2. _____ date _____ | 4. _____ date _____ |

Family history: list all major illnesses and the family relationship to you (maternal or paternal)

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

List all current medication & the reason for taking it (prescription & over-the-counter)ex: tylenol for headaches

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

List all current supplements (vitamins &/or herbs) and the reason for taking it

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and me. I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable. I hereby authorize Renew Health Chiropractic to release any information to my insurance company/attorney acquired in the course of my examinations or care. I understand that a photocopy of the above assignment and authorizations will be deemed as valid as the original. **I have also been notified of my privacy rights through the HIPAA privacy laws. (see Notice of Information Practices and Privacy Statement made available upon request.)**

TERMS OF ACCEPTANCE When a patient seeks chiropractic health care, and when a chiropractor accepts a patient for such care, it is essential that both are seeking and working for the same goals. Chiropractic does not diagnose or treat disease. Chiropractic has only one goal: *to locate, analyze, and correct spinal interference to the nervous system (nerve pressure)*. The purpose of the nervous system is to control and coordinate all bodily functions. Interference to this master system automatically produces improper function in the body. The **SUBLUXATION** (*spinal misalignment producing nerve interference*), in and of itself, is a detriment to life and health. Correction of the subluxation through a specific chiropractic adjustment, allows the body to function at its optimum level. This allows the inborn healing power of the body to work at maximum efficiency to restore, maintain and promote natural health. We do not diagnose condition(s) or disease(s) other than vertebral subluxations. We offer no treatment of condition(s) or disease(s) other than vertebral subluxations. We promise no cure from any condition(s) or disease(s). **Terms of Acceptance for Nutritional Care**

We solely provide any suggested nutritional advice or dietary advice, and the adjunctive schedule of nutrition to upgrade the quality of foods and nutrients in your diet and to support the normal, healthy processes of your body. We use diagnostic testing to find dysfunction in the organ systems of the body. We will not use any of the diagnostic testing to diagnose and/or treat disease, but only to enhance the function of the human body. Regardless of what the disease is called, we do not offer to treat it. A vitamin, mineral, trace element, amino acid or herb is not a drug. Although any of these substances may have an effect on any disease process or symptom, this does not mean that anyone can misrepresent or classify them as drugs. I understand the *objectives* pertaining to my nutritional care in this office. Therefore, I accept nutritional care on this basis and I understand the information above.

I have read the above statement, and understanding it fully, do undertake chiropractic health care and nutritional care on this basis.

Patient's Signature _____ **DATE** _____

Guardian or Spouse's Signature _____ **DATE** _____

(Required for Patients under the age of 18)

Patient or Guardian DL # _____