

# ST. JOSEPH CHIROPRACTIC

## NEW PATIENT INFORMATION

Welcome to our office! Please complete all questions.

Name:	Today's Date:	
Address:		
City/State/Zip:		
Home phone:	Work phone:	Cell phone:
Birth date:	Age:	Social Security #:
Marital Status:    M    W    D    S	Your email 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.:	
Are you here because of a recent auto or work injury?	Date of accident:	
Other doctors you've seen recently:		
Surgeries you've had:		
Have you ever been diagnosed with cancer?	What kind?	
Who is financially responsible for this bill?		
Method of payment:	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Insurance	
Emergency contact:		

**THE PURPOSE OF THIS OFFICE IS TO EDUCATE AS MANY FAMILIES AS POSSIBLE ABOUT THE SPINAL CONDITION AND VERTEBRAL *SUBLUXATION*. VERTEBRAL *SUBLUXATION* DESTROYS AN OPTIMAL SPINE AND YOUR ABILITY TO HAVE *OPTIMAL HEALTH*. YOUR EXPERIENCE AT THIS OFFICE WILL NOT ONLY BE OF HEALING, BUT ALSO OF LEARNING THE TRUTH ABOUT OPTIMAL HEALTH AND HEALING.**

