

**NEW PATIENT INFORMATION**1545 Mentor Avenue-Painesville, OH 44077  
440-639-9171Your appointment is  
scheduled for

Date \_\_\_\_\_

Time \_\_\_\_\_

**~Welcome to Morris Chiropractic~****Please complete all questions and bring with you to your first visit.**

The purpose of this office is to educate as many families as possible about the spinal condition known as *Vertebral Subluxation*. **Vertebral Subluxation** destroys 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**.

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		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:			
Medicines you take:			
Ever diagnosed with cancer?		What kind?	
Vitamins/Supplements you take:			
Surgeries you've had: (circle all that apply; write in others) hysterectomy, appendectomy, gall bladder, tonsils, c- section, cataracts, knee, hip, back			
Who is financially responsible for this bill?			
Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Insurance			
Emergency Contact:		Cell Phone:	Home Phone:

