NEW PATIENT INFORMATION

1545 Mentor Avenue-Painesville, OH 44077 440-639-9171

Your 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 <u>truth</u> 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 chiropra	ctor?	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: [] Cash	[] Check [] Credit Ca	ard [] Insurance				
Emergency Contact:	Cell Phone:	Home Phone:				

		of our patients have experienc lp us discover a few of yours.	ed dozens of impacts	that could caus	e Vertebral		
1.	•	total auto accidents have you 3-4 1-2 0			0		
2.	Which of the following sports have you been involved in? (Please Circle) football, basketball, soccer, field hockey, gymnastics, horseback riding, martial arts, rollerblading, other:						
3.	Have you e	ever(please check)	allen down stairs ☐ train while working				
4.	4. Do you □ sit more than four hours per day □ drive more than two hours per day						
5.	Are you a. ☐ construction	(please check) □ computer ction worker □ truck driver	operator □ assem □single or working	bly line worker ng parent □			
Sublux		hen a bone moves and pushes cause malfunction in any part occing:	_				
□ Low Ba	ack Pain	☐Arm/Hand Problem			Other		
		☐ Leg/Foot Problem					
☐ Headac		☐ Asthma					
□Upper/N □Shoulde	Ald Back	☐ Allergies☐ Sinus Problems	□Spinal Curv □□ Digestive P				
Блошас	1 1 4111	in Sinus Froncins	□ □ Digestive i				
		ange if you had optimal healt					
	2. Т	All first visit charges are payab. The fee paid for treatment x-ray his office. Once films are used	s is for analysis only	. The film itself	1 1 2		
myself.	Furthermore, ons from the i	e that health and accident insurance in I understand Morris Chiropractic was unsurance company and that any amount upon receipt. However, I clearly understand the state of th	ill prepare any necessary unt authorized to be paid	reports and forms t directly to Morris (o assist me in making Chiropractic will be		
	Pat	tient's Signature		Da	ite		
Guard	ian's Signat	cure Authorizing Care for Mino	or —	Da	ite		
D.C., Misty Morris,	D.C., staff and	e of Privacy Practices and consent to I business associates for treatment, p erstand the content of the Notice of Priv	ayment, health care opera	ations and additiona	I uses listed above. I have		
Printed Patient Name	e		Date				
Signature							
Printed Name of Pare	ent/Guardian						
Signature of Parent/0	Guardian						