

Today's Date: _____

Dr. Ron Marsh
Family Chiropractor

Sequence No. _____ **WELCOME TO CHIROPRACTIC**

We are pleased that you are here. We believe this office provides a unique service to individuals and families. We will make every effort to make your experience supportive, informative and healing.

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Employer _____

Business Address _____ Home e-mail: To send
our office newsletter _____

Phone (____) _____ Cell (____) _____ Work Phone (____) _____

Spouse's Name _____

Names and ages of young children _____

Ever Received Chiropractic Care Before? **Y N** Doctor's name? _____

Date of Your Last Visit _____ Why Did You Stop Care? _____

Are You Currently Under the Care of Any Doctor? **Y N** Who? _____

Current medications _____

Why are you seeking chiropractic care? _____

Who referred you to this office? _____ Relationship _____

Are you planning to use insurance or some type of third party reimbursement? **Y N**

Person Responsible for Account _____

***** PLEASE READ THE IMPORTANT NOTICE BELOW *****

Your body was designed by its Creator to work smoothly and to express health. Beginning as early as birth, stresses, strains and accidents can damage the body and alter your life expression. The practice of chiropractic is the location and reduction of a major form of nerve system interference, the VERTEBRAL SUBLUXATION.

Subluxations can result from any stress to which your body cannot adapt, causing the bones of your spinal column to misalign. This creates tension on your nerve system and decreases coordination in the spine and throughout your body. These stresses are considered under three categories: PHYSICAL, CHEMICAL AND EMOTIONAL. Understanding the stresses that have acted on your body assists us to give you the best help we can.

PLEASE BE AS THOROUGH AS POSSIBLE IN ANSWERING QUESTIONS ON THE OTHER SIDE.

Tell us about any stress associated with your birth (difficult delivery, drugs during labor, pre-natal ultrasound, fetal monitor, etc.). Please be complete.

Tell us about any stress associated with your childhood (falls, frequent or serious illnesses, vaccinations, prescription drugs, injuries, etc.). Please be complete.

Tell us about any more recent stress or trauma (work stress, motor vehicle accidents, falls, strains, illnesses, hospitalizations, emotional upsets, prescription drugs, etc.). Please be complete.

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- Please check one:
- I want optimal health and well-being on every level available.
 - I want only relief from this particular symptom.
 - I want relief from this symptom and prevention of its return.

The goal of chiropractic care is to keep the body free from subluxations. On a global scale, chiropractic looks forward to the day when everyone will be subluxation-free. We will take the time to explain to you exactly what subluxations are, and to evaluate your spine to determine if our service will be of benefit to you. Thank you for choosing chiropractic care in this office.

