

BRUCE COUNTY CHIROPRACTIC CLINIC
343 Goderich Street, Box 1705 Port Elgin, ON N0H 2C1

NEW PATIENT INTAKE FORM

Patient # _____

Date: _____

Name: _____

Address: _____ PO Box: _____

City: _____ Postal Code: _____

Home Phone # _____ Work# _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

What is your occupation? _____

Emergency Contact _____ Phone Number: _____

Email Address _____

Have you ever consulted a chiropractor previously? Y / N

If yes Dr. _____ Last visit date: _____

Medical Doctor's Name: _____ Last visit date: _____

Would you like us to correspond with your medical doctor regarding your treatment Y/N

What is your chief complaint: _____

When did you first notice the symptoms: _____

Any car accidents, falls, fractures?

Type of Injury _____ Date: _____

Type of Injury _____ Date: _____

Type of Injury _____ Date: _____

Previous Surgeries

Type of Surgery _____ Date: _____

Type of Surgery _____ Date: _____

Type of Surgery _____ Date: _____

Patient # _____

How did you hear about us? Please circle

Yellow pages, Radio advertisement, Friend or Relative, Other _____

Referred from _____

After your first visit – Treatment Follow up

Our office will contact you after your first visit to answer any questions that you may have.

Please fill out the following options regarding communicating with you

Please call Home phone: Leave message? Y/N

Please call Work Phone: Leave message? Y/N

Please call Cell Phone: Leave message? Y/N

Please do not call

Would you like to be included in future email regarding events and information? Y/N

If yes. Email: _____

Consent

I agree and understand that I am responsible for all charges relating to my visit

Date: _____ Signature: _____

Date: _____ Guardian: _____

If patient is under 18 years of age

Please note:

All accounts are the responsibility of the patient. Your supplemental or extended health care insurance plan may provide coverage for chiropractic services. We will issue a receipt for each payment for this purpose.

Our fees for service are listed on our front desk. Please ask any questions you have regarding our service fees.

*Bruce County Chiropractic Clinic
Patient Centered Chiropractic Care*