Focus CHIROPRATIQUE

CHIROPRACTIC RECORD -- OPENING FORM (adult)

Last name : _____

First name : _____

Address : _____

_____

Telephone home : ( ) _____-_____

work : ( ) _____-_____

cell phone : ( ) _____-_____

Email address : _____

Sex : ☐ F ☐ M

Age : _____ Date of birth : _____/____/____
Y M D

Profession or occupation : _____

Are you : ☐ Single ☐ Married ☐ Couple, not married
☐ Separated ☐ Divorced ☐ Widowed

Do you have children? ☐ Yes ☐ No

If you do, how old are they? _____

Are you seeking chiropractic care : ☐ for prevention ☐ for a particular health problem

If you are consulting for a particular problem :

Describe briefly : _____

Is the problem work-related (CSST)? ☐ yes ☐ no

Is the problem related to a motor vehicle accident (SAAQ)? ☐ yes ☐ no

Name of your family physician : _____

How did you find out about *Focus Chiropratique*?

☐ Referred by another patient Name _____

☐ Referred by family/friend Name _____

☐ Referred by a health professional Name _____

☐ Yellow pages ☐ Stand ☐ Local paper _____

☐ Exterior sign ☐ Internet ☐ Other _____

In case of emergency, please call : _____

Relationship : _____ Phone number(s): _____

I hereby authorize the chiropractors of Focus Chiropratique to complete the exams they will judge necessary in order to initiate chiropractic care. I understand that I am responsible for the payment of all services offered at Focus Chiropratique, and I will settle any balance on my account promptly.

Patient's name : _____ Signature : _____

Date : _____ Witness : _____

Opening date: ____/____/_____ Consultation date: ____/____/_____