

Rockford Chiropractic Clinic

Rockford Chiropractic Clinic – New Member Intake Form

Today's Date: _____

First Name: _____

Last Name: _____

Phone Number: _____

Email: _____

Address: _____

Occupation: _____

City: _____

Sex (Choose one): Male Female

State: _____

Marital Status: _____

Zip: _____

Date of Birth: _____

How did you find out about this office? _____

Member Fee Schedule

(Please check your preference)

Pay Per Adjustment

(Pay per visit – cash only)

Adult – \$30

(18 and older)

Child – FREE

(up to 2 kids under 18 FREE with one or more parent who are getting adjusted at the same time

– each additional child is \$25. A child getting adjusted without a parent I also \$25)

OR

Pay Ahead Pricing

(You will be provided with a punch card to track adjustments)

(cash or credit card or HSA card)

4 Adjustments - \$100 (\$25/adjustment)

Consent to Initiate Care – Member

At Rockford Chiropractic Clinic there is one simple goal, to provide the highest quality chiropractic adjustments at the lowest possible fees. To accomplish this goal, we have implemented specific office procedures. Please read over these procedures along with the benefits/risks of chiropractic adjustments below to understand how the office functions and to decide if you wish to participate. If you have any questions, please direct them to us in person or by phone anytime.

- Rockford Chiropractic Clinic will not bill any insurance under the member fee schedule.
- You may choose to submit receipts to your insurance company or other third-party health care programs, but payment for such services by insurance companies is neither implied nor agreed to by this office. We take no responsibility for non-payment by your insurance company for services rendered at this office.
- Rockford Chiropractic Clinic will not respond to any requests for paperwork for insurance purposes or even acknowledge insurance requests for information on any member's case. However, members may have a copy of their records.
- No balances can be kept by members at any time and adjustments are paid for on the day of service.
- Adjustments are on a walk-in, first come first served basis. No appointments are needed.
- Rockford Chiropractic Clinic reserves the right to deny services to anyone for any reason, or if the doctor feels that the member's health is not being best served.
- By signing below, you understand that chiropractic adjustments are for the purpose of wellness and spinal hygiene to detect and improve subluxations within the musculoskeletal system. Adjustments are performed to help the body heal more efficiently. We do not offer to diagnose or treat any disease or condition other than vertebral subluxation.
- By signing below, you also agree to the understanding that any intervention, including chiropractic adjustments, come with inherent risks and/or benefits. While rare it is possible to sustain injuries including but not limited to muscular soreness, sprain/strains, fractures, dislocations, disc injuries, and stroke following a chiropractic adjustment.

I have read the Consent to Initiate care statements above, understand the procedures of the office as well as the benefits and risks of chiropractic adjustments and wish to initiate care at this office. I also understand that I am under no obligation to receive or continue care if I so choose.

Print your name: _____ Date: _____

Sign your name: _____

PARENTAL CONSENT TO EVALUATE AND TREAT A MINOR

By signing above, I _____, being the parent/legal guardian of

_____ herby grand permission for my child to receive chiropractic care.

PLEASE SEE NEXT PAGE FOR ADDITIONAL QUESTIONS

QUESTIONS TO GET US STARTED

List the issues that bring you into the office:

For each issue, when did it start?

For each issue, how did it start?

For each issue, what relieves it/makes it better?

For each issue, describe the symptoms (achy, dull, shooting, etc.):

For each issue, do you have tingling/numbness/shooting anywhere? Down one or more arms/legs?

For each issue, rate severity 1-10 (10 being worst):

For each issue, note the time of day it is the worst? If constant, write constant:

For each issue, list the activities/hobbies you have been unable to do because of your problem:

For each issue, list the doctors/therapists you have seen (ex: medication, therapy, etc.):

When was the last time you had images of your spine taken (Xray, MRI, CT scan)?

Have you ever been to a chiropractor or been adjusted before?

PLEASE SEE NEXT PAGE FOR ADDITIONAL QUESTIONS

List any surgeries you've had and year each occurred:

List any significant injuries you've had and year each occurred:

List any significant disease in your immediate family (ex: heart, lung, digestive, skin, autoimmune, etc.):

List any significant health problems you currently have (ex: heart, lung, digestive, skin, , etc.):

What activities do you partake in most often daily (ex: sit at a desk, stand, bend, lift, twist)?

A Few More Questions

1. Do you drink ½ gallon + of clean water a day? Yes No
2. Do you eat 100g + of protein a day? Yes No
 - a. Do you take collagen peptides? Yes No
3. Do you eat 6 servings of vegetables or use greens each day? Yes No
4. Do you exercise and move your body on a daily basis? Yes No
 - a. Do you go outside regularly? Yes No
5. Do you consume less than 23g of sugar a day? Yes No
6. Do you meditate, pray, or do breathwork daily? Yes No

What are you hoping to achieve by coming to Rockford Chiropractic Clinic?

- Symptom relief** – relief of pain through chiropractic adjustments.
- Wellness** – routine adjustments for improved wellness/healing.
- Relief with transition to wellness**
- Unsure** – I'd like you to help me select what is appropriate.

Office Use:

LBP	UBP	SH L/R	Pelvis	Mid Back	Neck