

Dr. Noreen Long
2263 US Hwy 70
Swannanoa NC 28778
Tel. (828) 669-5664

Name _____ Date _____

Street _____ City _____ State _____ Zip _____

Birthdate _____ Home Tel _____ Cell _____

Employer _____ Duties _____

Email _____ @ _____ (used for appointment reminders & newsletter)

Lifestyle (single, partner) _____ Number of children _____

Who referred you to Dr. Long? _____ or other source _____

Have you been happy with Chiropractic care? _____ When was your last visit? _____

Have you had an injury this year? NO YES If yes, complete page 2.

Have you had any surgeries this year? NO YES If yes, complete page 2.

Are you currently taking prescription medication? NO YES If yes, complete page 2.

Are you currently taking nutritional supplements? NO YES If yes, complete page 2.

Rate your stress level (10 = high, 3 = normal) _____ Explain _____

Rate your general health (10 = great, 0 = bad) _____ Explain _____

Describe your diet _____ Smoke? Y N Caffeine/day _____ cups

Financial Policy

- Full Payment is due when services are provided.
- We accept MC, VISA, checks and cash.
- Returned checks are subject to a \$25.00 service charge.

I agree with this Financial Policy _____ / _____ / _____

please sign here