

ABOUT YOU

File # _____

Please print clearly. We need to be able to read what you write.

Name: _____ Best Phone: _____

Email: _____

Complete Address: _____

Apt. #: _____ City/State: _____ Zip Code: _____

Date of Birth: _____ Sex: M ___ F ___ Occupation: _____

Name of Spouse _____ Number of Children: _____

Children's Names and Ages: _____

Hobbies & Interest (what do you do for fun?) _____

Have you been to a chiropractor before? _____ Yes _____ No

If yes, who and when: _____

Have you been seen by a medical doctor for any reason in the last year? ___ Yes ___ No

If yes, explain: _____

Do you have a family physician? ___ Yes ___ No

What is your objective in coming to this office? _____

If you have no specific problem but are here to have your spine checked for vertebral subluxation, check here _____.

Have you had any surgeries, falls, accidents or injuries? If yes, please list what and when: _____

List any complication during or after your own birth. Include forceps delivery, Caesarean, etc: _____

Thank you for choosing the Strauss Chiropractic Center.

Welcome to the Strauss Chiropractic Center!

When a person seeks the services of a chiropractor, it is essential that they fully understand the objectives of that particular chiropractor.

We have one goal at the Strauss Chiropractic Center that is to restore and maintain the integrity of the spinal cord and its nerve roots. These vital nerve pathways are located in and protected by the bones of the spine. Misalignments of the vertebrae (bones of the spine) which interfere with the function of these nerve pathways are called **vertebral subluxations**. Subluxations are caused by many of the things you do **everyday** and keep your **whole** body from functioning properly. It is our absolute conviction that the **body is always better off without this interference**.

Consequently, the objective of the Strauss Chiropractic Center is to provide a chiropractic adjustment to correct vertebral subluxation thereby restoring normal nerve function. It is not the objective or intention of the Strauss Chiropractic Center to fix, treat, or attempt to cure any physical, mental, or emotional ailments or to give advice about any ailments. **With a proper nerve supply your whole body is better able to reach its full potential and to express more life.**

The information we receive from you is important. We ask only that which is necessary for your care here at the Strauss Chiropractic Center. Please fill out the forms completely and to the best of your ability. If you have any questions or if there is any information you feel we should know, please mention it to the chiropractor.

I, _____, have read the above, understand it fully, and choose to receive chiropractic for myself and/or my family member, _____, on this basis.

Date: _____