

Adult Chiropractic Health Questionnaire

It is our pleasure to serve you today. Please answer the following questions:



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www.b2bchiro.net

Name _____ Home Phone _____

Address _____ Work Phone _____

City, State, Zip _____ Cell Phone _____

E-mail Address _____

Birth date _____ Age ____ Referred By _____

Occupation _____ Employer _____

Marital Status: M W Sep. D Sin. Spouse Name _____ No. of Children ____

Welcome to Our Office!

It is well known that families who maintain strong healthy, well-aligned spines have much improved health. People whose spines are not kept in proper alignment are much more likely to develop significant health disorders later in life.



MY PURPOSE FOR TODAY'S APPOINTMENT IS:

(Please check all that apply to you)

- I'm here for an evaluation. I'm a healthy person and I'm interested in maximizing my health and preventing future problems.
- I'm here for an evaluation because I'm having health challenges and am looking for a natural health solution.
- I'm here for an evaluation. I am curious to know if my spine is healthy and to see if I have any problems that I don't know about.
- I am here for an evaluation because I'm curious to learn more about Chiropractic Care.
- I am here for an evaluation only.
- Other _____

IF THE DOCTOR(S) FEEL THAT THEY CAN HELP YOU:

(Please check the one that best applies to you)

- I am willing to follow the doctor's recommendations because I strongly value my health.
- I am willing to receive care if payment plans are available.
- I am willing to receive care but only if my insurance pays for all of it.
- I am not interested in receiving any care.