

The following family members have the same or similar problems as I do:

Father     Mother     Sister/brother     Spouse     Child

List ALL TYPES of surgeries you have had and the dates that they occurred: \_\_\_\_\_

Please list all medications/nutritional supplements you are currently taking: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Daily Habits:**

How much water do you drink daily? \_\_\_\_\_

What type of exercise do you do? \_\_\_\_\_ How often? \_\_\_\_\_

What do your daily work habits include? (Ex.: sitting, standing, heavy lifting) \_\_\_\_\_

Do you smoke?  No  Yes How much per day? \_\_\_\_\_

How much alcohol do you consume on a weekly basis? \_\_\_\_\_

How much coffee or caffeinated beverages do you consume on a daily basis? \_\_\_\_\_

I certify the above information is correct to the best of my knowledge. I will not hold Round Valley Family Chiropractic responsible for any errors or omissions I may have made in the completion of this form.

I understand Chiropractic is not a treatment or a cure for any disease and Chiropractic care is for the restoration and maintenance of full function and communication within the body; from the brain to every cell in the body, so that you may express your body's fullest potential for life and healing. The goal of the Chiropractic care in this office is to eliminate the major interference to your body's expression of its true health potential. Using specific chiropractic adjustments to correct vertebral subluxations, we attempt to achieve these goals.

I also understand and agree health and accident insurance are an arrangement between my insurance company and myself—not between my insurance company and this office. I understand I am ultimately responsible for payment in full at this office. I authorize this chiropractic clinic to release any medical information and to complete any usual and customary reports and forms to assist in collecting from my insurance company.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature