



# Key to Health Chiropractic

**Welcome to our family!**

*Let's get you started  
on the road to achieving  
Your peak potential.*

*Health comes from  
with-in.*

*Our goal is to help you  
unlocking your full  
health potential, and  
learn the keys to  
maintain it !*

*Research shows  
Chiropractic care is  
important to your brain  
body communication  
and overall health.*

*Maintaining your health  
with regular spinal care  
is the Key to Health!*

*Its time to  
Feel Amazing  
All Day!  
Every Day!  
You're worth it!*

Title: *Dr. / Mr. / Mrs. / Ms. / Miss* (circle one)      Date: \_\_\_\_\_

**Name:** \_\_\_\_\_

Nick Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Cell# \_\_\_\_\_ Work# \_\_\_\_\_

E-mail: \_\_\_\_\_ Age \_\_\_\_\_ Sex: M/ F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Day spent: *Sitting / Standing / Walking / Lifting / At a Desk / Physical Labor***

*Employed / Homemaker / Retired / Un-employed / On Disability*

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Full Time Student / Part Time Student*

School: \_\_\_\_\_

Military: *Active / Retired / Reserves / Branch:* \_\_\_\_\_

*Family Marital Status: S / M / W / D / Sep / Engaged*

Are your spouse or children patients in this clinic?    Yes / No / Spouse / Children

Are you currently Pregnant?    Yes / No / Maybe

Children/Ages: \_\_\_\_\_

Spouse / Significant Other : \_\_\_\_\_ Cell: \_\_\_\_\_

Primary Language: English / Spanish / Other: \_\_\_\_\_

**Emergency Contact / Spouse / Parent (if Patient is a Minor) Relationship:** \_\_\_\_\_

Name \_\_\_\_\_ Cell# \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Work#: \_\_\_\_\_

May we release information about your health care to your spouse or emergency contact? Yes / No

**What do you hope to achieve with Chiropractic care?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How do you prefer we contact you by: *Phone / Text messaging / Postal mail / E-mail /***

How did you find us?    Internet / Google / Instagram / Social Media / Friend / Family / Health Provider Referral /  
Clinic Sign / Met Doctor / Health Event / Other : \_\_\_\_\_

Who referred you so we can thank them Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred payment method: Cash / Credit / Debit / Preventive Care Plan / HSA / FSA /Other: \_\_\_\_\_