Broadway Family Chiropractic
Center. Heal. Renew.

New Patient Form

290 Broadway, Raynham, MA 02767
(508) 824-1700

Welcome to Broadway Family Chiropractic! The purpose of this office is to educate as many families as possible about the spinal condition where the spine shifts out of alignment; known as **Vertebral Subluxation**. Vertebral Subluxation destroys an optimal spine and your ability to have Optimal Health. Your experience at this office will not only be of healing but also of learning how your body functions and how you can best take care of it. Our goal is to help you to **Center, Heal and Renew**.

Yours in Health, Dr. Margie Downes

Please complete all questions.

Name:	Nickname:	Today's Date
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
Birth date:	Age:	Social Security #:
Marital Status: ◯M ◯W ◯D ◯S	Your E-mail Address:	
Your Employer:	Occupation:	
Spouse's Name:	Occupation:	Cell #:
Kid's Names & Ages:	Females: Are you possibly pregnant? ◯Y ◯N	
Your Favorite Hobbies:		
Who may we thank for referring you?		
When did you last see a Chiropractor?	Reason?	Dr.
Are you here because of a recent auto or work injury? ◯Y ◯N	Date of injury:	
Other Doctors you've seen recently:		
Drugs that you take:		
Surgeries that you've had:		
Ever diagnosed with cancer? ◯Y ◯N	What kind?	
Who is financially responsible for this bill?		
Method of Payment: ☐ Cash ☐ Check ☐ Credit Card: ◯MasterCard ◯Visa ◯Discover		
Insurance: ☐ BC/BS of MA ☐ Medicare ☐ Harvard Pilgrim ☐ Other: _____		

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand Broadway Family Chiropractic will prepare any necessary reports and forms to assist me in making collections from the insurance company and that any amount authorized to be paid directly to BFC will be credited to my account. However, I clearly understand and agree that I am personally responsible for payment. I understand that all first day visit charges are payable when services are rendered.

Patient' Signature | Guardian's Signature Authorizing Care for Minor | Date

The vast majority of our patients have experienced dozens of impacts that could cause vertebral subluxation (spinal misalignments). Help us to discover a few of yours.

1. How many total auto accidents have you been in ? (Please check)
   ◯ 5+ ◯ 3-4 ◯ 1-2 ◯ 0 Motorcycle accidents? ◯ Yes ◯ No

2. Which of the following sports have you been involved in? (Please list) football, basketball, soccer, hockey, gymnastics, horseback riding, martial arts, skiing/snowboarding, running, other: _____

3. Have you ever … (please check)
   ☐ fallen down stairs, ☐ slipped on ice or snow,
   ☐ had a stress or strain while working, ☐ had a sports injury

4. Do you … (please check)
   ☐ sit 4+ hours per day ☐ drive 2+ hours per day

5. Are you a … (please check)
   ☐ computer operator ☐ assembly line worker
   ☐ construction worker ☐ truck driver
   ☐ single or working mom

Please check the health complaints that you are experiencing.

☐ Lower Back Pain	☐ Arm/Hand Pain	☐ Carpal Tunnel Syndrome
☐ Neck Pain	☐ Leg/ Foot Problems	☐ Ear Infections
☐ Headaches	☐ Asthma	☐ Frequent Colds/Infections
☐ Allergies	☐ Upper Midback pain	☐ Spinal Curvature
☐ Shoulder Pain	☐ Sinus Problems	☐ Digestive Problem
☐ Other: _____	☐ _____	☐ _____

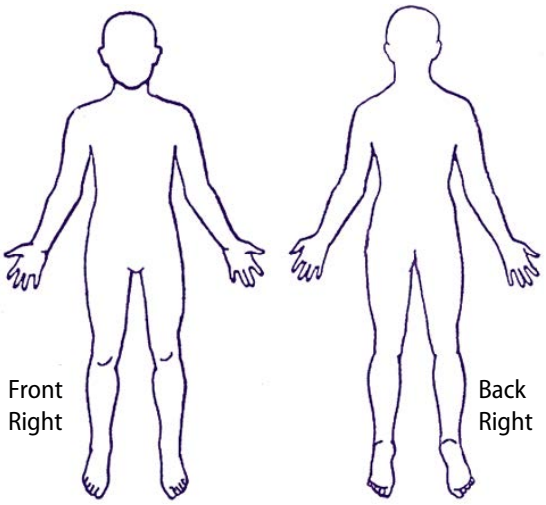
Have you experienced these symptoms before? ◯ Y ◯ N

How often do you have the top three complaints throughout the day?
100%, 75%, 50%, 25%, 10%, only with activity.

	(Type of pain)	(Percent)
Complaint #1:	_____	_____
Complaint #2:	_____	_____
Complaint #3:	_____	_____

Do your complaints interfere with: (please check)

- ☐ Work
- ☐ Sleep
- ☐ Hobbies
- ☐ Daily routine
- ☐ Exercise



Please draw an X on the picture where you continue to have pain, numbness or tingling.

Terms of Acceptance/Informed Consent

When a patient seeks Chiropractic Care and we accept a patient for such care, it is essential for us to be working toward the same objective. Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment. Vertebral Subluxation is a misalignment in the spinal column which causes interference in the brain to body communication. Chiropractic adjustments facilitates the body's correction of Vertebral Subluxation. We do not diagnose or treat any disease or condition other than Vertebral Subluxation. Our only method to assist the body is through specific adjusting. Each patient needs to understand that all forms of health care include some risks and that by consenting to being a patient, they are relying on the Doctor to exercise her best judgment during all procedures that in their best interest. **I have read and fully understand the previous statements.**

Signed, _____ Date: _____