

JENSEN CHIROPRACTIC

INTAKE FORM

Name:

Date:

E-mail Address:

1. Tell us more about yourself (please check the statement that applies)

I am interested in Acute Care (get rid of the pain but not the problem)

I am interested in Conditional Care (treat the problem and get rid of the pain)

I am interested in Maintenance Care (get rid of the pain, problem, and maintain great health)

2. Please tell me more about your cash plan as I do not have insurance.

YES

NO

3. The condition that interferes with my activities of daily living is...

4. I have been to a chiropractor before.

YES

NO

5. I have been to a chiropractor before; the thing(s) I liked best:

6. I have been to a chiropractor before; the thing(s) I liked least: