Intake Form –

Bourree Chiropractic

Box 1

Name:____________________ Phone: _____________ Home:______________ Work:_____________
Fax #: ________________________ Referred by: ____
Is this for the whole family? family_____ self: _______
Primary reason for consulting our office:
____
Any other associated warning signs/complaints?____
____
How long has this been going on? Days:______ Months: _________ Years: ___________
Any previous incidents in your life? ____
____

Box 2 **GENERAL INFORMATION**

WC:______________ Ins.#:_________________ Date:______________ Patient #:_____________
Address:________________________________ City:____________________ St/Prov: _________
Code/Zip:____________ Age:____ DOB:___ ___ ___ m f - - s m w #of children:__________
SS/SIN#:_________________ Occupation:_______________ Cell ______________ Pager:___________
Seen other Chiropractors: n y Who:__________________________ #of visits:_______
X-rays in last two years: n y Area x-rayed:___________ Location of x-rays:________
Name of MD:_____________________ Others seen for this condition:____________________
e-mail address: _________________________________

Box 3 **VISITS SCHEDULED**

Visit 1:__________Time:_____ Visit 2:___________Time:______ Visit 3:___________Time:______

Box 4 **AGREEMENTS**

Office fees 1st visit/exam $_____ Regular office visit $_______Scans$_____
X-ray fees -range from$____ to $____ (depending on the number taken)
Informed consent to chiropractic care.

Signature: ________________________________ Print:____________________________
Witness:__________________________________ Date:____________________________

Box 5 **QUALITY OF LIFE ISSUES**

Work: (focus, production, time loss)____
Relationships: (call spouse, kids, fellow workers)__________________________________
Play: (What they love to do and anger)____
Everyday: (shopping, watching TV, sleeping)_______________________________________

Level of challenge:
1___________________5____________________10

Short term goal: _______ Long term goal: _______

Dr. David Bourree