

# Hanes Chiropractic *Wellness* Center

DR. COBY L. HANES  
446 NW Third Street, Suite 200  
Prineville OR 97754

Today's Date \_\_\_\_\_

Patient Name (first, middle, last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(if you listed a PO Box above, please list your physical street address) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex:  Male  Female

Social Security No. \_\_\_\_\_

Your Employer \_\_\_\_\_ Your Occupation \_\_\_\_\_

Your Work Phone \_\_\_\_\_ extension \_\_\_\_\_

Are you a full-time college student? If so, please list college \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed Spouse's Name \_\_\_\_\_

Names of family members who are patients here: \_\_\_\_\_  None.

Who can we thank for referring you to us? \_\_\_\_\_

I was not referred -- I found you via:  Yellow Page Ad  Drive-by  Website  Radio Ad

Nearest Relative (*not living with you*) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

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## WHY CHIROPRACTIC?

People go to a Chiropractor for a variety of reasons. Some only want relief of pain or discomfort (**Relief Care**). Some not only want to get rid of the pain or symptoms, but also want to correct the underlying *cause* of the problem to reduce the risk of the problem returning (**Corrective Care**). Others want all that, and someone to coach them along to achieving their highest possible state of health and wellness (**Wellness Care**). These are the **THREE PHASES OF CARE**. Dr. Hanes will weigh your needs and desires when recommending your schedule of care.

Please check the type of care you desire (*select only one*):

\_\_\_\_\_ **RELIEF CARE** (I am only here for pain relief)

\_\_\_\_\_ **CORRECTIVE CARE** (I want to correct the *cause* of the problem so the pain does not return)

\_\_\_\_\_ **WELLNESS CARE** (I want to enjoy my highest possible health potential)

\_\_\_\_\_ **I LEAVE THIS DECISION TO DR. HANES** (to choose the most appropriate care for my condition)