

WELLNESS WITH DR. DAN

Confidential Client Information Form

Name _____ DOB _____

Address _____ City, State, Zip _____

Cell# _____ Home# _____

Email _____

Emergency Contact _____ Emergency Contact Phone _____

Occupation _____ Who Referred you? _____

Chief Complaint

Primary Care Physician(s) (When was your last check-up/complete physical exam/labwork?)

Relevant Past Medical History:

Injuries/Surgeries _____

Allergies _____

Medications/Supplements Currently Taking _____

Health Habits:

What do you eat? (Ex. fruits/veggies, cooked foods, junk food, processed food, restaurant food)

For Breakfast _____

For Lunch _____

For Dinner _____

How much water do you drink per day? (in ounces) _____

What else do you drink besides water? _____

What do you do for exercise? _____

How well do you sleep? _____

What do you do to relax? _____

Consent for Treatment

The doctor will use a mechanical device in order to move your joints. You may feel a "click" or movement of the joint. As with any health care procedure, complications are possible following a chiropractic manipulation. Patients may notice stiffness or soreness after the first few days of treatment. Other more rare complications could include muscular strain and ligamentous sprain, or structural tissue damage.

I have read all the above information and answered all questions accurately and honestly.

Signature of Client _____

Signature of Guardian (if a minor) _____

Date Signed _____