

Dr. Robert Rodine
 Dr. Jennifer Brazeau

CHIROPRACTIC FEE SCHEDULE		
New Patient Visit - \$100	Subsequent Visit - \$51	Complex Visit - \$67
Re-exam - \$67	Acupuncture - \$67	

Personal Information

Name: _____ Date of Birth: dd ____ mm ____ yr ____

Mailing Address: _____ Town: _____

Postal Code: _____ Occupation: _____

Home Phone: _____ Daytime Phone: _____ Cell #: _____

Emergency Contact: _____ Phone: _____

Family Physician: _____ Where are they located?: _____

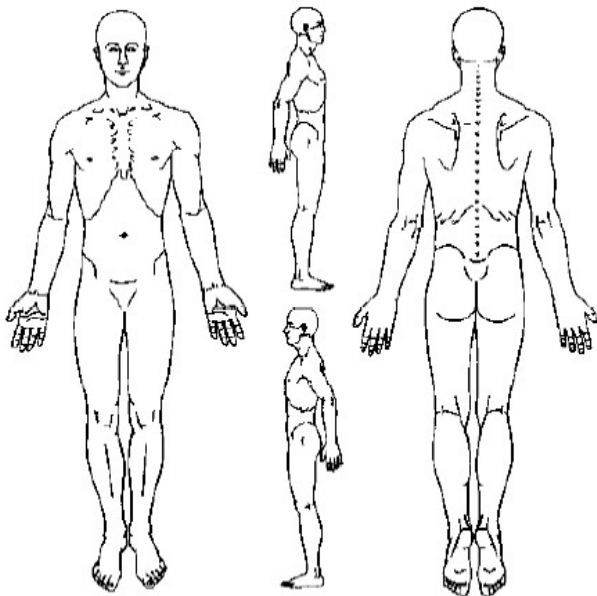
How did you hear about our office? I was referred by: _____

Yellow pages Local Phone Book Internet Radio Newspaper

Have you seen a chiropractor before? No / Yes If yes, who? Dr. _____

When was your last visit? _____

PLEASE INDICATE ON THE DIAGRAM YOUR AREA OF PAIN OR CONCERN:



Do you feel your problem is:

getting better getting worse staying the same

When did you first notice the pain/discomfort?

Is it the result of a work-place injury or car accident?

No / Yes If Yes, date of injury: _____

As a part of complete healthcare, your chiropractor will inform your family physician of your treatment and progress.

Do we have your permission for this communication?

Yes **No** _____ (initials)