- O Dr. Christine Cordick
- O Dr. Nicklaus Thompson



CHIROPRACTIC FEE SCHEDULE

New Patient Visit - \$102 Subsequent Visit - \$53 Complex Visit - \$70 Active Release Technique - \$70

| | | A | Acupunc | ture - \$7 | <u>′0</u> | Activ | e Releas | se Tech | nique - \$ | 70 | | |
|---------------|--------------|--------|------------------------|--|-----------------|---|-----------|----------|-----------------|------------------|-------|---|
| Name: | | | | | | | D | ate of B | Birth: dd _ | mı | m | yr |
| Address: | | | | | | Tow | n: | | | Postal | Code: | |
| Home Phone | : | | | | | Day | time Ph | one: | | | _ | |
| Occupation: _ | | | | | | Gen | der: | | | | | |
| Emergency C | contact: | | | | | Pho | ne: | | | | | |
| Family Physic | cian: | | | | | Whe | ere are t | hey loc | ated? | | | |
| How did you I | hear ab | out ou | r office: ₋ | | | | I was | referred | d by: | | | |
| Have you see | en a chi | roprac | tor befor | e? Yes | s / No | If Ye | es, who | ? Dr. | | | | |
| | | | | | | Wh | en was | your las | st visit? | | | |
| MARK AREA | A OF PA | AIN O | R CONC | ERN: | | | | | | | | |
| | | | | The state of the s | Is it to accide | nen did you first notice the pain/discomfort? you feel your problem is: getting better getting worse staying the same it the result of a workplace injury or car cident? Yes / No If Yes, date of injury: a part of complete healthcare, your chiropractor will inform ur family physician of your treatment and progress. we have your permission for this communication? Yes / No (initials) | | | | | | the same will inform |
| - | 1 No pain | 2 | 3 | 4 Mo | 5 oderate pa | 6 ain | 7 | 8 | 9 Worst Pair | 10 n Possible | disco | your pain or omfort level rcling: |

Our Privacy Policy Can Be Seen At www.cordickchiropractic.com