

Dr. Christine Cordick  
Dr. Robert Rodine



CHIROPRACTIC FEE SCHEDULE		
New Patient Visit - \$85	Subsequent Visit - \$42	Extended Visit - \$50
Acupuncture - \$49	Active Release Technique - \$55	

**Personal Information**

Name: \_\_\_\_\_ Date of Birth: dd \_\_\_\_ mm \_\_\_\_ yr \_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Where are they located?: \_\_\_\_\_

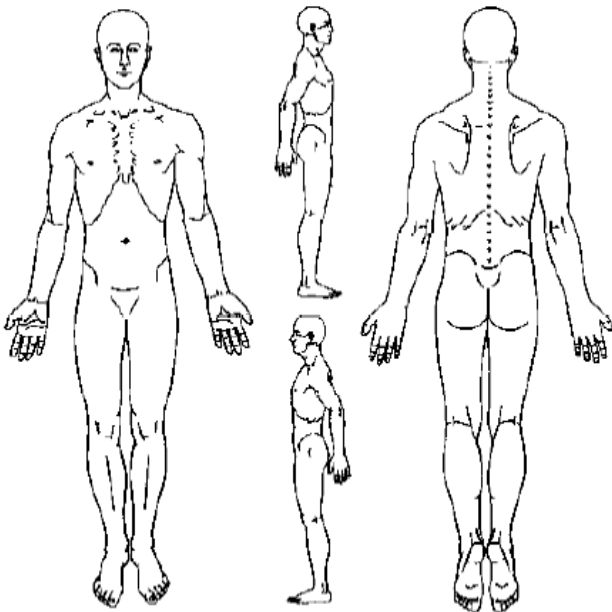
How did you hear about our office? I was referred by: \_\_\_\_\_

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)

Our Privacy Policy Can Be Seen At [www.cordickchiropractic.com](http://www.cordickchiropractic.com)