## Cousineau Chiropractic Life Center, P.C.

## WELCOME TO OUR OFFICE!

It is an honor to be of service to you.

Please complete the following confidential patient health record.

Patient Information			
Date:		Patient ID Number	
Name:	The state of the s	/	/ 🗖 Male 🗆 Female
Address:	Carlo Marie	City:	_ State: Zip:
Home Phone	1.82	Cell Phone	<u> </u>
Work Phone Your Employer			
Have you ever been to a chiropractor? 🗆 Yes 🗆 No If yes, when was your last visit?			
	Referral:		
Your Status:	□ Mail	□ Newspaper/TV	Your Status:
☐ Employed	☐ Phone Book		□ Married
□ Retired	□ Expo		□ Single
☐ Full Time Student	□ Walk In		□ Widowed
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I am here to see Dr.: $\square$ Henry J. Cousineau, D.C. $\square$ Nicole R. Cousineau, D.C.			
☐ Kristin J. Cousineau, D.C ☐ Richard J. Stan <mark>ley, D.C.</mark>			
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