PAYNE CHIROPRACTIC LIFE CENTER

"Helping Families Unlock Their Full Potential"
Dr. Alan M. Payne, Chiropractor

About Your Care

Chiropractic provides three types of care.

Initial Intensive Care: **This includes relief care and initial Vertebral Subluxation Complete care. The goal is to eliminate or reduce your major complaint as well as stabilize your Vertebral Subluxation Complex. This requires frequent visits (several times per week) that may continue for weeks to months. Your Health Insurance may cover this portion of care, since this is dealing with a symptomatic problem.**

Rehabilitative Care: **This rehabilitative care designed to provide optimum healing of the function of the spine, associate tissues and organ systems. This helps prevent the original problem from returning. Frequency of visits varies but it is less than Initial Intensive Care.**

Wellness/Maintenance Care:
This is designed to maintain your improved health and spinal function. The decision to begin this care is made once it is determined your spine has recovered as best it can from the possible permanent damage that may have occurred prior to care. Visit frequency is based on the needs of the individual and is less than Reconstructive Care.

All of these options will be explained at your report of findings. Then you will be able to begin a course of care that best fits your health goals.

Date: _____

Name: _____ Nick Name: _____ M ____ F ____

Home Phone: _____ Cell Phone: _____ E-mail Address: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Age: _____ Birthdate: _____ Ht: _____ Wt: _____ SS#:_____

Marital Status: S __ M __ W __ D __ # of Children _____

Occupation: _____ Employer: _____ Work Phone: _____

Name of Spouse/Nearest Relative: _____ Home Phone: _____

Occupation: _____ Employer: _____ Work Phone: _____

Referred by: _____ Present Family Doctor: _____ Address _____

Date of last physical examination: _____ By Dr.: _____

Previous Chiropractic Care? Yes ___ No ___ If so, when _____ Were X-rays Taken? Yes ___ No ___