

New Patient Information (CHILD)

Our Purpose at Peterson Chiropractic, PLLC is to educate as many families as possible about the spinal condition known as **Vertebral Subluxation**. **Vertebral Subluxation** destroys **Optimal Health**.

Your experience with our office will be one of healing, as well as, one of learning the truth about Optimal Health & Healing.

Name _____	Date _____	
Address _____		
City/State/Zip _____		
Home Phone _____	Cell _____	
Parent's Email address _____		
<i>I give Peterson Chiropractic, PLLC permission to send educational and informational notices to the above email. Peterson Chiropractic, PLLC agrees to keep the above email address confidential and will not share it with any other party.</i>		
Birth Date _____	Current Age _____	Social Security _____
Parent's Name(s) _____		
Siblings _____		
Your Favorite Hobbies _____		

Who may we thank for referring you? _____
When did you last see a chiropractor? _____
Doctor's Name? _____

List other doctors you have seen recently- _____
Drugs taken- _____
Surgeries you have had- _____
Ever diagnosed with cancer? _____ What kind? _____

Who is financially responsible for this bill? _____
Emergency Contact- _____ Phone Number _____

What are your major complaints? _____
How do you want us to handle your problem?
____ Temporary Relief (help the symptom, not the problem)
____ Maximum Correction (correct the cause of the problem)
On a scale from 1-10 how important is your health to you? _____

