

New Patient Application

Welcome to our Practice! Please thoroughly complete all questions. Thank you.

Name: _____ Today's Date: _____

Address: _____

City/State/Zip: _____ E-Mail: _____

Phone: Home _____ Work: _____ Cell : _____

Birthdate: ____/____/____

Who may we thank for referring you? _____

Your prior Doctor of Chiropractic and location of practice: _____

Your employer: _____ Occupation: _____

Status: M/W/S/D Spouse's name: _____

Children's names & ages: _____

Favorite hobbies or interests: _____

Health reasons for consulting our office:

1. _____ 3. _____

2. _____ 4. _____

Have you had same or similar problem(s) before? ___Yes ___No

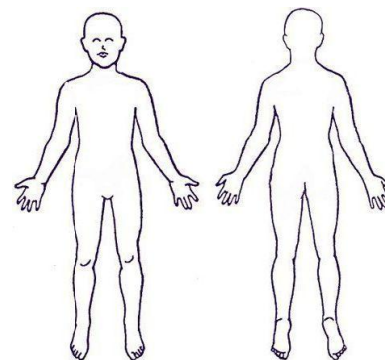
How long?

Please explain:

Father/Mother/Brother/Sister/Children, with similar problems?

Is this the result of an auto or work injury? Y or N If so, when? _____

**Please outline the areas
of discomfort below:**



Other doctors who have treated this problem: _____

Surgery you have had: _____

Medication(s) you currently take: _____

Is there any chance you are pregnant? Yes ___ No ___

What have you heard about chiropractic care?

Do you know what a subluxation is? If yes, please describe:

What daily rituals for spinal health do you presently practice?

Have you ever been diagnosed with cancer? Y or N If so, what type?

In order for us to better understand your current level of health, please check any of the following body signals which you have or have had previously:

___ Dizziness or Fainting ___ Headache ___ Postural Imbalance ___ Arthritis
___ Asthma ___ Ear Infection ___ Intestinal Problems ___ Sinus Problems
___ High Blood Pressure ___ PMS ___ Frequent Colds ___ Bladder Problems
___ Menopausal Symptoms

To help us better explain your chiropractic condition and how we may be able to help you, please check the best answer:

1. I remember important things in my life by:

what I see what I hear what I feel

2. When I make decisions I generally:

gather facts and weigh the evidence make the right choice instantly
 consult my friends & family depends on how I "feel" about it

The above information is true and accurate to the best of my knowledge. My reason for consultation with the Doctor is for evaluation of my physical health and the potential for improvement.

Patient or Guardian Signature: _____ **Date:** ___/___/___

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Privacy Policy

In order to provide you with care in our facility, you have provided personal information about yourself, some of which may be nonpublic in nature. We have a high regard for the privacy of our patients and want you to know how we handle your personal information. The following contains a description of the types of information we collect about you, and how the information is used and protected. This privacy statement describes our privacy practices for both our current and/or former patients.

Types and Sources of Information We Collect About You

We collect information about you, including nonpublic personal information, from the following sources:

- Information we receive from you on your case history form, as well as other forms related to your patient files.
- Information about your transactions with us, which may include your payments and payment history.
- Information we receive from your current and former physicians.
- Information we receive in reference to your current medical insurance policies.

Our Use of the Information That We Collect About You

We use the information we collect about you, including the nonpublic, personal information, only for the purposes of evaluating, effecting and administering, enforcing, and servicing your care with our facility. We do not disclose any non-public personal information about you to any non-affiliated third parties, except as provided by law. **We do not forward or otherwise share your information with anyone without prior written consent from you, the patient.**

Protection of Your Information

We restrict access to the nonpublic information about you to only necessary employees, unless requested from the patients themselves. Our facility has adopted an information security program that includes administrative, technical, and physical safeguards to protect the security and integrity of your nonpublic information.

Signature

Date