Dr. Peter S. Bauer
Chiropractor

PATIENT APPLICATION

Full Name ____ Date ______________

Welcome to my office and to the uniqueness of chiropractic care. Chiropractic is the science of locating interference to the nervous system, caused by abnormal position and movement of spinal and cranial bones, and the art of correcting that interference. I accept patients for the progressive correction of such nervous system interference. I provide chiropractic care, which facilitates a greater expression of one's total health potential.

Address ____
(Street) (City) (State) (Zip)

Phone ____
(Home) (Work) (Cell)

E-Mail Address ____

Occupation ____

Employer ____

Name of Insurance Plan ____
Social Security # ______________________________ Date of Birth ________________
Are you the insured? [] Yes [] No If no, provide insured's name & d.o.b. below:
____

Marital Status ______________ Name of Spouse ________________________________

How Were You Referred Here? ____

Purpose of This Appointment ____
What Health Problems/Concerns Are You Experiencing? _________________________
____
Other Doctors Seen For This Condition [] Yes [] No Who? _______________________
____
Type of Treatment ___________________________________ Results ______________
When Did This Condition Begin? ___________________ Has It Occurred Before? ____
Drugs You Now Take ____
____
Vitamins or Supplements You Now Take ______________________________________
____
Do You Wear A Shoe Lift? [] Yes [] No

Type of Exercise You Do & Frequency ______________________________________

____

How Would You Describe Your Diet? _______________________________________

____

Rate Your Level of Stress (low) 1 2 3 4 5 6 7 8 9 10 (high)

Do You Suffer From Any Conditions or Health Concerns Other Than That Which You Are Now Consulting Us? Please Specify: ____________________________________

____

Have You Had Any:

Major Surgeries/Operations? ____

Major Accidents/Falls? ____

Previous Chiropractic Care? [] Yes [] No Approximate Date of Last Visit ____________

Why Chiropractic? People go to chiropractors for a variety of reasons. Some go for symptomatic relief of pain or discomfort (Relief Care). Others are interested in having the cause of the problem as well as the symptoms corrected and relieved (Corrective Care). We will weigh your needs and desires when recommending your care plan.

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself, and that I am personally responsible for payment of all charges for services rendered to me.

Patient's Signature ____

Guardian's Signature for Authorizing Care (If patient is a minor):

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