

Van Family Chiropractic

12800 Preston Rd., Suite 200

Dallas, TX 75230

(214) 750-9992

www.evdc.com

Name _____ Age _____ Date of Birth ____ - ____ - ____

Social Security Number: _____ - _____ - _____

Address _____
Street or PO Box City State Zip

Phone(Home) _____ (Work) _____ (Cell) _____

E-Mail Address _____ Employer: _____

Sex: M F Marital Status: Single Married Widowed Div.

Spouse's Name _____ Spouse's Occupation: _____

How many children? _____

Names & Ages of Children _____

How did you find out about Van Family Chiropractic and/or Dr. Erin?

Occupation, please describe what type of work you do daily: _____

Have you ever consulted a Doctor of Chiropractic? _____

If yes, who? _____

When? _____ How long were you under care? _____

Did you receive X-rays? _____ MRI? _____ When? _____

Please describe what brought you into the office today _____

The statements made on this form are accurate to the best of my recollection and I agree to allow this office to examine me for further evaluation. I understand that I am responsible for all payment of fees charged in this office of services rendered:

X _____
Signature Date

Privacy Act:

I consent to the use of my protected health information by Dr. Van Veldhuizen for the purpose of analyzing, diagnosing or providing treatment to me, obtaining payment for my health care bills or conduct health care operations. HIPAA Compliance.

X _____
Signature of Patient Printed Name of Patient Date

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Do you now, or have you ever suffered from:

Dizziness ___	Heart trouble ___	Diabetes ___	Lung problems ___
Asthma ___	High Blood Pressure ___	Neuritis ___	Digestive disorder ___
Heart Burn ___	Headaches ___	Arthritis ___	Sinus trouble ___
Cancer ___	Nervousness ___	Anemia ___	Trouble Sleeping ___
Low Energy ___	Poor Circulation ___	Anxiety ___	Menstrual Pain or Difficulties ___
Allergies ___	Tire Easily ___	TB ___	Tingling in Hands/Feet ___
Irritability ___	Depression ___	Tumor ___	Numbness in Hands/Feet ___

Please list any other health concerns you have at this time: _____

What would you like to re-gain in your life by becoming healthier? _____

What are your goals for your experience here at Van Family Chiropractic? _____

Do you eat fresh fruits and/or vegetables on a daily basis? If not, how often? _____

Physical Stressors:

Any Accidents or Injuries: _____

Childhood Injuries: _____

Broken Bones: _____

Surgeries: _____

Any Other Medical Procedures: _____

Do you do any physical activity on a daily basis? _____
If yes, what type? _____

Chemical Stressors:

List any and all Prescriptions: _____

List any and all OTC drugs: _____

Do you smoke or chew tobacco? _____

Do you drink alcohol, how often? _____

Do you drink diet sodas or eat sugar-free foods? _____

Emotional Stressors:

Have you had any strong emotional stressors either recently, or that has an effect on your daily life? _____

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Terms of Acceptance

When a patient seeks chiropractic care and we accept a patient for such care, it is essential for both to be working for the same objective.

Chiropractic has only one goal. It is important that each patient understands both the objective and the method that which will be used to attain it. This will prevent any confusion or disappointment.

Adjustment: The adjustment is the specific application of forces to facilitate the body's correction of a vertebral subluxation. Our Chiropractic method of correction is by specific adjustments to the spine.

Health: The state of optimal physical, mental, and social well-being, not merely the absence of disease or infirmity.

Vertebral Subluxation: A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer the diagnosis or treatment of any disease. We only offer to diagnose either vertebral subluxation complex and/or neuro-musculoskeletal conditions. However, if during the course of a chiropractic spinal examination we encounter unusual finding which are outside the scope of practice for a Doctor of Chiropractic, we will advise you. If you desire advice, diagnosis, or treatment for those findings, we will recommend that you seek the services of another health care provider.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatments prescribed by others. OUR ONLY PRACTICE OBJECTIVE is to eliminate major interference to the expression of the body's innate wisdom. Our only method is the specific adjustment to correct vertebral subluxation. However, we may use other procedures to help your body hold those adjustments.

I, _____ have read and fully understand the above statements.
(print name)

All questions regarding the doctor's objective pertaining to my care in this office have been answered to my complete satisfaction. Therefore, I accept chiropractic care on this basis.

(signature)

(date)

Consent to evaluate and adjust a minor child

I, _____ being the parent or legal guardian of _____
Have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care.

For all Female Patients of Child-Bearing capability:

Pregnancy Release

This is to certify that to the best of my knowledge I am NOT pregnant and Dr. Van Veldhuizen has my permission to perform an x-ray evaluation. I have been advised that x-ray can be hazardous to an unborn child. Date of last menstrual cycle: _____

(signature)

(date)

What aspects of Wellness do you want for yourself? (please check as many as you'd like)

- More Energy**
- Better Sleep**
- Freedom from pain**
- Better Concentration**
- Enhanced emotional Well-being**
- Reduce/Eliminate Medication use**
- Improved Digestion**
- Improved strength And endurance**
- Greater resistance to Disease**
- Easier breathing, Deeper breaths**
- Better sports performance**
- Better reaction time/reflexes**
- Better Balance**
- Improved Posture**
- Overall Health Improvement**
- Increased zest for Living**

Wellness goals for your family: _____

