Intake Form – Adult

Marcoux Chiropractic

Date: ________________ **Email______________________________**

Last Name:________________________ First Name: __________________ Home Phone:______________
Work #:__________________ Fax #: __________________ Cell Phone # ________________________
Address:_________________________ City:__________________ Province: ____ Postal Code:__________
MHSC #: 6-digit _____________ 9-digit: ________________
Age:_____ Date of Birth(D, M, Y):____ ____ ______ Occupation:_________________________________
Male ____ Female ____ Single ____ Married ___ Widow/Widower___ #of children:_______
Is this for the whole family? _______ : self _______ : spouse _______ : child(ren) _______

Referred by:____

Primary reasons for consulting our office: Please rate the level of <u>importance</u> to you, 1 to 10.
A) Pain or symptom relief: Importance _______ B) Correction of the cause(s): Importance_______
C) Wellness care: Importance_______ D) High quality of life care: Importance_______

Your Primary Health Concerns:
1)____
____
2)____
____
3)____
____
4)____
5)____

Seen other Chiropractors: N Y Who:_________________________________ #of visits:________
X-rays in last two years: N Y Area x-rayed:______________ Location of x-rays:________________
Others seen for this condition: MD___ Physiotherapist____ Massage Therapist____ Other____
Name:

FEES

-<u>History, Examination, Findings</u>: **<u>Adult</u> -$75.00** **<u>Child</u>** -(age 0 to 6) **$15.00** **(**age 6 to16 and students) **$35.00**

-<u>Office Visit with **MHSC**</u>: **<u>Adult</u> -$30.00** **<u>Child</u>** under 6 **$10.00** **<u>Child</u>** (6 to 16) and **<u>Students</u> -$20.00**

-<u>Office Visit **without** MHSC</u>: **<u>Adult</u> -$40.00;** **<u>Child</u>** under 6 **$20.00** **<u>Child</u>** (6 to 16) and **<u>Students</u> -$30.00**

Box 4 **OTHER HEALTH CONCERNS**

Please list any other health concerns and indicate when these symptoms or concerns began.
Ex. High Blood Pressure - 1997 _________________________________ ___________________________
_____________________________ ___________________________ ___________________________
_____________________________ ___________________________ ___________________________

Box 5 **Level of challenge:**

1_____________________5_____________________10

Short term goal: _______ Long term goal: _______