



Briggs Family Chiropractic

Converse Clinic
102 N. Jefferson Street, Converse, IN 46919

Marion Clinic
3022 S. Western Avenue, Marion, IN 46953

New Patient Form Demographics

Patient Full Name: _____ Birthdate: ____/____/____

Address: _____

City, St. Zip: _____

Phone: _____

Email address: _____

Physician Name: _____ Phone: _____

Occupation: _____ Employer: _____

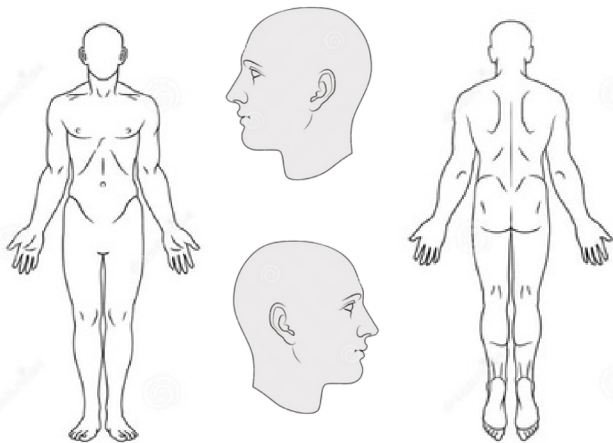
Emergency Contact: _____ Phone: _____

Referred by: _____

Medical History

Place an "X" on the drawings below on areas causing you pain and a letter describing.

- A- ACHE
- B- BURNING
- S- STABBING
- N- NUMBNESS
- P- PINS & NEEDLES



PAIN SCALE

Please circle the number that best describes your pain.

0	1	2	3	4	5	6	7	8	9	10
NONE		LITTLE		MEDIUM		SEVERE				

Describe your past health history:

Supplements/Herbs: _____

Past Hospitalizations: _____

Surgeries: _____

Medications: _____

Medical History continued

Musculoskeletal

- Osteoporosis
- Arthritis
- Hypothyroidism
- Fibromyalgia
- Chronic Fatigue
- Gout in _____
- Bursitis
- Plantar Fasciitis
- Cysts/ Lipomas
- TMJ
- Chronic Headaches
- Tendonitis
- Whiplash
- Strains/ Sprains
- On the computer (#of hours_____)

Respiratory

- Pneumonia
- Asthma
- Breathing Problems
- Sinusitis
- Other:_____

Digestive

- Ulcers
- Colitis
- IBS
- Crone's Disease
- Gluten Intolerance
- Constipation
- Diarrhea
- Gallstones
- Gas/Bloating
- Chronic Indigestion

Circulatory

- Heart Problems_____
- Stroke
- Palpitations
- Mitral valve prolapse
- Anemia
- Hemophilia
- Hypertension
- Low Blood Pressure
- Peripheral Artery Disease
- Raynaud's Disease
- Varicose veins
- Blood Clots/ Phlebitis

Skin

- Fungal Infections
- Athlete's Foot
- Impetigo
- Eczema/Dermatitis
- Psoriasis
- Easily irritated skin
- Other: _____

Nervous System

- Dizziness
- ALS
- Multiple Sclerosis
- Parkinson's Disease
- Bell's Palsy
- Neuritis
- Spinal cord injury
- Trigeminal Neuralgia
- Seizures/Epilepsy

Other

- Diabetes
- Pregnancy
- Cancer
- Kidney disease
- Hepatitis
- HIV/AIDS
- Lupus
- Postoperative: _____
- Cystitis
- High stress
- Grieving
- Anxiety/Panic Attacks
- Bipolar Syndrome
- PMS/Menopause difficulties
- Poor sleep/insomnia
- Orthopedic pins or plates
- Allergies Affecting:
 - Facial skin
 - Body skin
 - Nose/Sinuses
 - Eyes
 - Stomach/gut



FINANCIAL POLICIES FOR BRIGGS FAMILY CHIROPRACTIC

Please review our financial policies and sign and date below that you understand and agree to our policies. This form will be kept in the patient file, and needs to be completed yearly.

- We charge \$55.00 for new patient exam and adjustment.
- We charge a flat \$35.00 rate for adjustments following new patient appointment.
- Massage rates are: \$100 (90 minutes), \$60 (60 minutes), and \$40 (30 minutes).
- Cultivate Wellness and Restore Health are independently owned. All payments for their services will be paid directly to the provider.
- We do not accepted insurance plans, but we can print a receipt for you to submit to insurance. Talk to the front desk for details.
- All payments must be made at time of check in (cash, check, HSA/FSA cards, or credit cards accepted).
- Returned checks will be charged a \$40.00 NSF fee.
- We accept HSA/ FSA cards for payment.

Printed Name: _____

Signature: _____

Date: _____



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HIPPA POLICY PATIENT REVIEW

Please review our HIPPA policies (either online or in office) and sign and date below that you understand and agree to these policies.

If you have any questions, please contact us at 765.507.1800.

Printed Name: _____

Signature: _____

Date: _____

January 2023