



Briggs Family Chiropractic

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102 N. Jefferson Street, Converse, IN 46919

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

Do activities affect the condition that brought you in today? YES NO

If YES, please describe: _____

Are you currently being treated medically for this condition or any other condition? YES NO

If YES, please describe: _____

Please list all over the counter, supplements and/or herbs taken and why?

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



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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.

1. Briggs Family Chiropractic charges a flat \$30.00 rate for all adjustments.
2. We do not currently accepted insurance plans, but we can print a receipt for you to submit to insurance. Talk to Dr. Scott for details.
3. All payments must be made at time of service (cash, check or credit cards accepted).
4. Returned checks will be charged a \$30.00 NSF fee.
5. We do accept HSA/ FSA cards for payment.

Printed Name: _____

Signature: _____

Date: _____