



Background And Personal Information

Name (last) _____ (first) _____ (mi) _____ Pronouns _____

How would you like to be addressed? _____ Birthdate ____/____/____ Age _____

Home Address (street) _____

(city) _____ (state) _____ (zip) _____

Phone Number (____) _____ Email Address _____

Employer _____ Occupation _____

Male / Female (biological gender) Single / Married / Partnered / Divorced / Widowed / Separated

Partner's Name _____ Number of Children _____ Names and Ages _____

Employer _____ Work Phone _____

Emergency Contact _____ Phone _____

Whom may we thank for referring you to Alternative Space Chiropractic? _____

If not through a personal or MD referral, how did you find us? _____

Reason for consulting ASC? _____

Previous Chiropractic: YES/NO If yes, date of last adjustment _____ Name of chiropractor _____

Reason for ending care: _____

Are you currently receiving medical attention and if so, for what? _____

Please list any medications you are currently taking (prescription and non-prescription): _____

Please briefly describe your daily routine, including meals, snacks, supplements, and sleep _____

What are your daily exercise habits? _____

How would you rate your current health? Poor Fair Average Good Excellent

How would you describe your family's health? Poor Fair Average Good Excellent

Are you healthier now than you were 5 years ago? Y / N Why? _____

Do you know the health history of your birth? Y / N Home _____ Hospital _____ Natural _____ Intervention _____

Many things can contribute to imbalance in the body. Below are some of the most common causes. Please check any that apply or have applied to you in the past. State when if applicable.

Physical Stress

___ Birth Trauma

___ Slip/Fall

___ Car Accidents

___ Sports Injuries

___ Physical Abuse

___ Heavy Physical Labor

___ Poor Posture

___ Heavy computer use

___ Repetitive movements

___ Prolonged driving/standing

Emotional Stress

___ Relationships

___ Career

___ Family

___ Financial

___ Pace of Life

___ Quick temper

___ Holding in feelings

___ Perfectionism

___ Procrastination

___ Depression

Chemical Stress

___ Environmental

___ Smoker

___ 2nd hand smoke

___ Excess Blue Light

___ Alcohol

___ "Diet/sugar-free" food

___ Soda intake

___ Prescription drugs

___ Junk food

___ Recreational drugs

What do you feel is the primary stress in your life? _____

Why is your health important to you (how will your life be better and what will you do once you reach your health goals)?

Financial Information: Who is responsible for this account with Alternative Space Chiropractic? _____

Is there anything else you would like us to know? _____

Joshua Pickell, DC does not offer to diagnose or treat any symptom or condition. Our purpose is to help your body express its innate ability to heal by removing interfering patterns called subluxations. If a non-chiropractic finding arises, you will be informed and referred to an appropriate health care provider.

I, _____, have answered the above questions to the best of my knowledge. Based on the information provided, I grant Joshua Pickell, DC permission to assess, locate, and release my subluxation patterns.

Your signature _____ Date _____

Notice of Privacy Practices Acknowledgment Form

We will never share your personal or private information with others.

We may only disclose information about you in the following ways:

- To another health-care provider, hospital or facility if they request it in order to assist them in caring for you.
- To an insurance carrier or employer if they are possibly responsible for payment or reimbursement of services.
- If you are not available to receive an appointment reminder, a message may be left on your answering machine or with a person in your household or at work. We may also send you correspondence by email.
- We may contact you through the email and phone number you provide to us. We may call, text, or email you with information relating to your care or appointments.

My signature acknowledges I have read this notice, understand it, and agree with the policies.

Name (Print) _____

Signed _____

Date ____/____/____