

Thank you for choosing Nix Chiropractic. We want to assure you that we will provide you with the optimum in chiropractic service and recommendations in the most professional and honest manner.

To do this we will be conducting a chiropractic analysis of your spine. This may include some procedures that are not familiar to you. We will outline the process to you, but if you have any questions, please ask.

Once the analysis is complete and your subluxations (if any) have been corrected, we will present our recommendations to you on your follow-up visit. This will require some basic knowledge that may be new to you even if you have been to chiropractors in the past. Remember our findings are strictly chiropractic in nature and do not involve any other areas of your health.

We would like to begin this process with just a little more basic information about you. Please fill out the bottom of this page, paying special attention to the section "Reason For Consulting This Office." Be sure to read all the questions first and then mark the box that most accurately reflects your goals at this time.

Name: _____

Date: _____

How would you rate your (circle):

Diet-----	Poor	Good	Excellent
Rest-----	Poor	Good	Excellent
Exercise----	Poor	Good	Excellent

Your last visit to a Chiropractor was (circle one):

Never 3 months ago or more Less than 3 months ago

What is the Name of the Chiropractor/s?

Estimated # of Chiropractic adjustments during your entire life?

On a scale from 1 to 10 (with 10 being the highest) what number best describes your occupational/personal life stress? _____

Are you healthier today than you were 5 years ago?

Do you believe you will be healthier in 5 years?

What do you regularly do (or plan to do) to improve your life and health?

Reason for Consulting This Office

(Please check one of the following 3 reasons)

___ I have no special problem; I understand the role of chiropractic in my general well-being.

___ I have the symptom of a physical problem and I want to see if chiropractic will enable my body to work better. I am also interested in learning about the role of chiropractic in improving my expression of life and that of my family.

___ I have a symptom and I am only interested in relief from it.

Nix Chiropractic

Nathan G. Nix, D.C.

www.NixChiropractic.com

903-565-4021

Name _____ Sex M F Date _____

Address _____ City _____ State _____ Zip _____

E-mail _____

Cell (____) _____ How did you find us? _____

Date of birth _____ Age _____ Occupation _____

Spouse's Name _____

Female-are you pregnant? _____ If so, how many months? _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Reasons for seeking chiropractic care:

If you have a specific problem, how did this occur? / when did this occur?

List any daily activities you are having difficulty performing:

Doctors seen for this condition or for any reason in the last year?

Any diagnosis?

Recent X-rays, MRI, or CT scans (when/why):

Major illnesses you've had in your life:

Previous injury or trauma:

Have you ever broken any bones? Which? When? How?

Surgeries:

Date **Type of Surgery**

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Medications you take:

Reason for taking:

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Other Comments/concerns:

Nix Chiropractic

Terms of Acceptance

Let's Make Sure We're On The Same Page.....

When an individual or family seeks and is accepted into a program of chiropractic care, it is essential for all parties to be working toward the same objective. We have only one goal, and it is important that everyone understands both our objective and the method we will use to move consistently toward that objective. This will prevent any confusion or disappointment.

People usually want to get rid of whatever ailments, symptoms or conditions are bothering them. This, however, is NOT the goal of Nix Chiropractic.

Your care in our office is not a substitute or alternative for, nor is it a preventative form of medicine. Conversely, medicine is NOT a substitute for chiropractic. Medically based care specializes in the diagnosis and treatment of specific symptoms, illness, and disease. No statement of the chiropractor is intended as a medical diagnosis and should not be confused as such. We do not offer to diagnose or treat any disease or condition other than to determine the presence of vertebral subluxation. However, if during the course of a chiropractic spinal analysis, we encounter non-chiropractic or unusual findings, we will let you know. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area. We do not offer advice regarding treatment prescribed by others.

Regardless of what the disease is called, we do not offer to treat it. OUR ONLY PRACTICE OBJECTIVE is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to help bring about correction of vertebral subluxations. Our only goal of chiropractic at Nix Chiropractic is to allow the proper transmission of nerve energy over nerve pathways by bringing about the correction of vertebral subluxations so that every part of the body may have a proper nerve supply at all times.

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

Please sign the below statement with Lisa or Dr. Nix.

All questions regarding the chiropractor's objectives pertaining to my care in this office have been answered to my complete satisfaction.

I therefore accept chiropractic care on this basis.

(signature)

(date)

Consent to evaluate and adjust a minor child

I, _____ being the parent or legal guardian of
_____ (child's name)

have read and fully understand the terms of acceptance and hereby grant permission for my child or children to receive chiropractic care.

