

Brighton Chiropractic and Nutritional Health

1088 Brighton Road Tonawanda, NY 14150 716 837 1711

NEW CLIENT INFORMATION FORM

Please print clearly:

Name: _____

Date: _____

Address: _____

City: _____ State: _____ zip: _____

Home phone: _____ Cell phone: _____

REFERRED BY: _____

Occupation: _____ Employer: _____

Date of Birth: _____ Age: _____ SEX: M/F Height: _____ Weight: _____

Overall health: (Circle one): Excellent/ Good/ Fair/ Poor/ Other

Chief complaint: (reason why you are here): _____

Previous Treatment: _____

Other complaints or problems _____

Current Medications/ Drugs being taken: _____

Are you currently under the care of a physician or other healthcare professionals?

If yes, please give name and date of last visit: _____

Nutritionals Supplements you are taking: _____

Do you smoke, drink coffee or alcohol?

Cigarettes? _____ Coffee? _____ Alcohol? _____

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NAME: _____ DATE: _____

History:

List any major illness(with approximate dates): _____

Past accidents/ Injuries: _____

Marital status: S M D W Name of
Spouse: _____

Describe health of spouse: _____ # of children _____

Name of Child	Age	Sex	Any physical conditions
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1 _____		M/F _____	
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2 _____		M/F _____	
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3 _____		M/F _____	
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Any family history of serious illness (circle all those that apply) : Cancer / Diabetes/Heart

Other: _____

Any household pets or other animals you or your family members are in close contact

with: _____

What can we do to make you happier: _____

Sign: _____ Date _____

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716-837-1711

Permission and Authorization Form regarding the use of the Whole Body Vibration Machine.

Please read before signing:

I specifically authorize the natural health practitioners at Brighton Chiropractic and Nutritional Health to allow my usage of the whole body vibration machine in order to assist me in improving my health, **and not for treatment or "cure" of any disease.**

I understand that whole body vibration is a **safe, non-invasive, natural method** of reducing stress, increasing circulation and lymphatic drainage imbalances in the areas that could cause or contribute to various health problems.

I understand that whole body vibration is not a method of "diagnosing" or "treating" disease or other medical conditions, and that these are not being tested for or treated.

No promise or guarantee has been made regarding the results of whole body vibration but rather I understand that whole body vibration is a means by which the body's natural reflexes can be used as an aid in relieving possible stress, increase circulation and lymphatic systems, so that safe natural programs can be developed for the purpose of bringing about a more optimum state of health.

I do NOT have the following conditions, and realize these conditions are contraindications to using the machine: _____ (please initial here)

-acute hernia

-Pregnancy

- Severe Migraines

-spondylolysis

-Pulmonary embolism

-Large Tumors

-Acute thrombosis

-recent operation/surgery

-Retinal Detachment

-Acute Head injuries

-Metal pins or plates

-uncontrolled Diabetes

-Pacemaker or defibrillator

- Serious cardiovascular disease

I have read and understand the foregoing,

This permission form applies to subsequent visits and consultations.

Date: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Signed: _____

(If you are a minor, signature of parent or guardian is required)