Personal Touch Chiropractic

NEW PATIENT INFORMATION FORM

Please print clearly:

Name: _____ Date: _____
Address: _____ Apt.# _____
City: _____ State: _____ ZIP _____
Shipping Address: _____
Home Phone (_____) _____ Work Phone (_____) _____
e-mail address: _____

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 you are here): (use separate sheet if more room needed)

_____
Previous treatments for this complaint: _____

_____
Other complaints or problems: (use separate sheet if needed) _____

_____
Current medications/drugs being taken: (use separate sheet if needed) _____

_____
Are you currently under the care of a physician or other health care professionals?
(If yes, please give name and date of last visit):

_____
Nutritional supplements you are taking: _____
Do you smoke, drink coffee or alcohol? (if yes indicate how much)
Cigarettes_____ Coffee_____ Alcohol _____

HISTORY:

List any major illness (with approx. dates):

List any surgery or operations with approx. dates:

Past Accidents or injuries:

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Name: _____ Date: _____

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

Describe health of spouse:_____ Number of children if any:____

Name of Child	Age	Sex	Any physical conditions or concerns?
_____	_____	M/F	_____
_____	_____	M/F	_____
_____	_____	M/F	_____

Any family history of serious illnesses (circle those who apply):
Cancer/ Diabetes/ Heart/ Other _____
Any household pets or other animals you or family members are in close contact with:
_____

What can we do to make you happier? _____
_____

SIGNED: DATE:

Office Use Only:

Personal Touch Chiropractic

6820 La Tijera Blvd., Suite 208
Los Angeles, CA 90045
Office: (323)306-6064
Fax: (323)238-2181

PERMISSION & AUTHORIZATION FORM
REGARDING THE USE OF
NUTRITION RESPONSE TESTING

PLEASE READ BEFORE SIGNING:

I specifically authorize the natural health practitioners at the Personal Touch Chiropractic to perform a Nutrition Response Testing health analysis and to develop a natural, complementary health improvement program for me which may include dietary guidelines, nutritional supplements, etc. in order to assist me in improving my health, **and not for the treatment, or "cure" of any disease.**

I understand that **Nutrition Response Testing is a safe, non-invasive, natural** method of analyzing the body's physical and nutritional needs, and that deficiencies or imbalance in these areas could cause or contribute to various health problems.

I understand that Nutrition Response Testing is not a method for "diagnosing" or "treating" of any disease including conditions of cancer, AIDS, Infections, or other medical conditions, and that these are not being tested or treated.

No promise or guarantee has been made regarding the results of Nutrition Response Testing or any natural health, nutritional or dietary programs recommended, but rather I understand that Nutrition Response Testing is a means by which the body's natural reflexes can be used as an aid to determining possible nutritional imbalances, so that safe natural programs can be developed for the purpose of bringing about a more optimum state of health.

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 minor, signature of parent or guardian required)

Witness: _____

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Terms of Acceptance

When a client seeks nutritional services and we accept a client for such services, it is essential for both to be working towards the same objective.

The assessment of a client's wellness status is obtained by using various methods for gathering information by looking at a client's biochemical, structural, bioenergetic, mental and physical parameters. This may include, but may not be limited to the following: Systems Survey, Food Diary, Body Composition, Physical Measurements, Physical Tests, Blood Labs, etc.

We believe that health is a state of optimal physical, mental, and social well-being and not merely the absence of disease. Your wellness program is a regimen of recommended action steps to undertake that includes, and is not limited to the following: dietary improvements, whole food nutritional supplementation, keeping a diet record to record improvements, starting/upgrading daily exercise, detoxifying the body, and proper mental attitude, all to reduce the stress response on the body, and thereby promote maximum function in the mind-body and best possible social interaction.

We do not offer to diagnose or treat any disease or condition. We offer you information about the state of function of your body and possible ways of improving its biochemistry for the purpose of living a more balanced, healthful and wellness - oriented lifestyle. However, if during the course of our analysis of your case we encounter findings that are outside of our scope or expertise, we will advice you. 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 the area. Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. Our ONLY OBJECTIVE is to improve your biochemistry through the use of improved nutrition and offer suggestions that would help you live a more balanced and healthful life.

It is very important that you are punctual for your scheduled phone consultations, and that any and all paperwork is completed before your scheduled consultation time. If you need to cancel and appointment, please do so 24 hours prior to our phone call. Missed scheduled appointments will result in a $25 fee

I, _____, have read and fully understand the above statement. All questions regarding our objectives pertaining to my participation in my own wellness care decisions have been answered to my complete satisfaction. I therefore agree to participate on this basis.

_____ _____

Sign Date