



Lacey Picard, Directional Non-Force Chiropractor



GENERAL INFORMATION

Name _____

Date _____ Home Phone _____ Work Phone _____

Address _____

Email Address _____

Birth date _____

Occupation _____ Employer _____

Referred by _____

Major Complaint _____

Other doctors seen for this complaint _____

Other complaints _____

Have you been seen by any physician within the past year? yes no

Have you been seen by other body workers within the past year? yes no

Describe _____

Please list any medications you are taking _____

Current Smoker yes no Previous Smoker yes no

HEALTH HISTORY

Major illnesses-

Surgery _____

Fractures, dislocations _____

Previous injuries

Family Physician _____

As a courtesy and with respect for you, we set aside a specific day and time for your appointment. In the event that you cannot keep your appointment with us, please notify us 24 hours beforehand. Failure to notify us will result in a charge for the missed appointment.

I understand that the care provided by Dr. Lacey Picard is on a cash, or check basis at this time, and that I will be provided with a receipt for services and payment if requested.

Patient's Signature _____ Date _____

Guardian's Signature Authorizing Care _____