Beyond Chiropractic
Dr. Erika V. Way, DC

Chiropractic Patient Questionnaire

Patient#_____   Date _____

Treatment Plan_____

Name_____   Date of Birth _____

Address_____ City/State/Zip___ _____

Email_____

Telephone: Home_____ Work_____

Place of Employment_____ Occupation _____

Married _____ Single _____ Divorced _____ Widow(er) _____ # of Children_____

Spouse's Name_____ Place of Employment _____

In Case of Emergency, who should we contact?
Name_____ Phone_____ Relationship _____

How did you hear about our office? _____

As a courtesy we will electronically file a claim with your insurance. You are responsible for payment in full at the time of service.

** I clearly understand that all services rendered me are my responsibility and payment is expected at the time of service.

Patient's Signature_____ Date _____

If under 18 years of age, parent or guardian's signature _____

Informed Consent

Chiropractic is a system of diagnosis and treatment based on the concept that the nervous system coordinates all of the body's functions, and that disease results from a lack of normal nerve function. Chiropractic employs manipulation and adjustment of body structures, such as the spinal column, so that pressure on nerves coming from the spinal cord due to displacement (subluxation) of a vertebral body may be relieved. Practitioners believe that misalignment and nerve pressure can cause problems not only in the local area, but also at some distance from it.

Doctors of Chiropractic are primary care physicians in the state of Minnesota. However, their treatment is not designed to take the place of any treatments your Medical Doctor may have recommended.

Doctors of Chiropractic are not licensed to prescribe prescription medication nor advise patients regarding their prescription medication.

At Beyond Chiropractic, we feel that nutrition is fundamental to the healing process and to maintain wellness. Nutritional advice and nutritional intake may also enhance the stabilization of chiropractic adjustments and treatment.

I have read and understand the above:

Signature _____ Date _____