



5615 Brooklyn Boulevard, Suite 205
Brooklyn Center, MN 55429
763-535-9741

Welcome to Quantum Chiropractic Arts. Please help us with your case file by filling out this patient admittance form as completely as possible. This is **confidential** information and will not be released to anyone without your written permission. Thank you.

Name _____ Address _____

City _____ State _____ Zip _____ Telephone _____

Birth Date _____ Age _____ Marital Status _____

Occupation _____ Employer _____ Work Phone _____

Spouse _____ Spouse's Employer _____

Please describe the health concerns for which you have come to our office: _____

Do you believe this condition is due to Illness? _____ Injury? _____
Other? _____

Date of first symptoms/Date of injury _____ Have you missed any days of work? _____

Do you believe this condition is getting progressively Better? _____ Worse? _____ About the same? _____
Do the symptoms seem to: Come and go? _____ Be constant? _____ Be worse in the morning? _____
Be Worse in the afternoon? _____ Be Worse at night? _____ Interfere with work? _____ Interfere with
your sleep? _____ Interfere with your daily routine? _____

Do you have other physical complaints seemingly not related to the above? _____ If so, please describe:

Please list all surgeries and approximate dates. _____

Please list any medications you are now taking. (Include over-the-counter drugs.) _____

Please list any vitamins, nutritional supplements or homeopathic remedies you are now using. _____

Who referred you to our clinic? _____ Today's date: _____

*Payment is required when services are rendered, unless other arrangements have been made in advance.
Please pay before leaving. Thank you.*



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PATIENT INFORMATION AND CONSENT FORM

You have requested a chiropractic evaluation, which in this office utilizes Applied Kinesiology for diagnosis as an additional support and in conjunction with other standard chiropractic testing procedures.

The practice of Applied Kinesiology was originally developed by Dr. George Goodheart of Detroit, Michigan in 1964 and is used today by many doctors of medicine, osteopathy, dentistry, and psychology, as well as chiropractic, for diagnosis and therapy.

Applied Kinesiology uses muscle testing as a supplemental procedure for diagnosis, treatment and/or nutritional recommendations. This procedure is considered experimental in nature and, while there has been some peer review research and publications of Applied Kinesiology in professional journals, some of the techniques have not been supported by a body of evidence using standard scientific research methodologies.

The Doctor of Chiropractic in this office has received education and training in the use of Applied Kinesiology diagnosis and specialized therapy.

We invite you to discuss with us any questions regarding our services. The best health services are based on friendly mutual understanding between provider and patient.

I have read the above and understand that Applied Kinesiology is considered “experimental” in nature. I take responsibility for diagnosis and treatment procedures agreed upon by the Doctor of Chiropractic and myself. I reserve the right to accept or reject any recommendations related to Applied Kinesiology.

I understand and agree that any health and/or accident insurance policies are an arrangement between the insurance carrier and myself. The doctor’s office will prepare any necessary forms to assist me in making collection (reimbursement) from the insurance company; however, I am responsible for payment.

I have completed the information to the best of my knowledge and will inform this office of any changes in my medical status, address or phone numbers.

I authorize the release of any medical information necessary to process an insurance claim.

I authorize payment of benefits to the undersigned physician for services rendered to me.

DATE: _____ PATIENT’S SIGNATURE _____

DOCTOR’S SIGNATURE _____

OUR POLICY REQUIRES PAYMENT IN FULL FOR ALL SERVICES RENDERED AT THE TIME OF THE OFFICE VISIT UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE WITH THE OFFICE MANAGER. THANK YOU!!