

Bi-County Chiropractic *Patient Introduction Form*
42950 Schoenherr
Sterling Heights MI 48313

Dr. D and Dr. Hilborn

Name _____ Date _____

Address: _____ Phone: Cell _____

City, Zip _____ Home _____

Occupation: _____ Work _____

Date Of Birth: _____ Email: _____

Married/Single? _____ Name of Spouse _____ # of Children _____

Briefly describe Complaint: _____

Injury related to an: Auto Accident Work Injury Activity

Referred by: _____ Do you have health insurance? _____

Have you had previous chiropractic care? If yes, where? _____

DO YOU HAVE OR HAVE YOU HAD DIFFICULTY WITH THE FOLLOWING? IF YES, Circle

Dizziness	Asthma	Bladder Control	Arthritis
Chest Pains	Fainting	Constipation	Cancer
Grating in neck	Digestive Problems	Disc Problems	Carpel Tunnel
Hay Fever/Allergies	Heart Attacks	Gall Bladder Disease	Cold Feet
Headaches	Heartburn	Knee Pain	Cold Hands
Head feels heavy	Indigestion	Kidney Disease	Cold Sweats
Light bother eyes	Mid back pain	Liver Disease	Depression
Loss of balance	Nausea	Low back pain	Diabetes
Loss of smell	Nervous stomach	Fatigue	Menstrual Cramps
Numbness in arms	Numbness in feet	Muscle spasm in neck	High Blood Pressure
Neck pain	Numbness in hands	Numbness in legs	Irritability
Ringing in ears	Shortness of breath	Pain in legs & feet	Lack of energy
Shooting head pains	Shoulder pain	Pinched nerves	Low Blood Pressure
Sinus Trouble	Tingling in arms	Tingling in feet	Painful joints
Wear glasses	Tingling in hands	Tingling in legs	Sleeping problems

I assign directly to Bi-County Chiropractic, all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the clinic to release all information necessary to secure the payment benefits.

Signature of Insured/Guardian

Date

