



113 Maloney Way
Mt. Sterling, KY 40353
Phone: 859-762-0009

Dear Prospective Patient,

We thank you for choosing us at Integrity Chiropractic, formerly Faulkner Family Chiropractic. We know there's a high probability that you may be having some limited movement, tenderness, muscle spasms, and restrictions. These conditions over time lead you to feel back pain, neck pain, joint and arthritis flare ups that lead to restrictions in activities of daily living such as work, sleep and bathing and showering. Life is busy and so we wanted to go over our NO WAIT OFFICE POLICY.

Our new office policy was designed with you in mind to save you time.

1. We are open from 9'am -6pm so that you'll not have to miss a whole day of work, because we can see you in the morning, over lunch or after-work.
2. Your appointment time is about 20-27 minutes so you don't even have to take 1/2 day off work. Plan on spending some extra time on this first visit to gather the details of your condition.
3. When you arrive in office you'll be seen within 7 minutes of arrival by one of our doctors- because we respect your time.

Respectfully,

Chad Faulkner DC

Integrity Chiropractic
NEW PATIENT INFORMATION FORM

Page 1 of 2

Please print or type clearly:

Name _____ Date _____

Address _____ Apt.# _____

City _____ State _____ ZIP _____

Shipping Address _____

Cell 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 _____

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Integrity Chiropractic
NEW PATIENT INFORMATION FORM

Name: _____ Date _____

HISTORY:

List any major illnesses (with approx. dates): _____

List any surgery or operations with approx. date: _____

Past Accidents or injuries: _____

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?
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_____	_____	M/F	_____
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_____	_____	M/F	_____
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_____	_____	M/F	_____
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Any family history of serious illnesses (circle those which 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? _____

*****IMPORTANT*****

Will you be using Insurance? Yes ___ No ___

If no, ask our friendly staff about our 7 Point New Patient Special.

If yes, please take a photo of your drivers license and insurance card with your phone and then text it to us at **859-757-1883**

THIS PHONE NUMBER IS A HIPPA COMPLIANT PHONE LINE

WHY? Our friendly staff will begin performing the insurance verification process, making your appointment smooth and efficient.

SIGNED: _____ DATE _____