

# WELCOME TO CHIROPRACTIC HEALTH CLINIC

**Dr. Christopher Vanclief**  
**Dr. Lindsay Taylor**

Date: \_\_\_\_\_

Patient File # \_\_\_\_\_

PLEASE PRINT

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Postal Code

Home Tel: \_\_\_\_\_

Bus. Tel: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Day / Month / Year

Family Physician \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## How did you hear about this office?

Yellow Pages

Friends/ Family-- Who? \_\_\_\_\_

Physician \_\_\_\_\_

Other \_\_\_\_\_

## REASON FOR CONSULTING THIS OFFICE:

I have no symptoms and feel well. I am interested in strategies to help me to continue to feel well, or even better.

I have a specific problem and require help only with this problem.

I have a specific problem and require help, but after my specific problem has been relieved, I am interested in strategies to ensure it does not return. I am interested in learning how to improve my general health.