



### NEW PATIENT APPLICATION

Welcome to our Practice! Please thoroughly complete all questions on both sides.  
If a question does not pertain to you, please write N/A. Thank you.

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home/ Work #: \_\_\_\_\_

Would you like to receive free text message reminders for future appointments? Yes / No

If yes, please circle which carrier: AT&T Verizon Sprint T-Mobile Other

How far in advance? 1hr 2hrs 4hrs 24hrs

Who may we thank for referring you? \_\_\_\_\_

Your prior Doctor of Chiropractic and address: \_\_\_\_\_

Chiropractic techniques you've had success with: \_\_\_\_\_

Last time you went to previous doctor of chiropractic: \_\_\_\_\_

General practitioner: \_\_\_\_\_ City \_\_\_\_\_

Occupation: \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Children's names & ages: \_\_\_\_\_

Is this visit the result of an auto or work injury? \_\_\_\_\_ If so, when? \_\_\_\_\_

Surgical History: \_\_\_\_\_

Medication(s) you currently take: \_\_\_\_\_

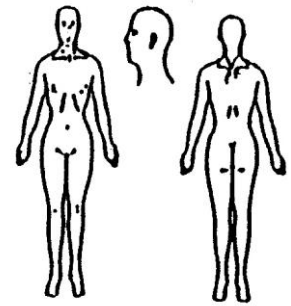
Is there any chance you are pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been diagnosed with cancer? \_\_\_\_\_ If so, what type? \_\_\_\_\_

Health reasons for consulting our office:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Circle Areas of Health Concerns:



Have you had same or similar problem(s) before? \_\_\_\_ Yes \_\_\_\_ No

How long? \_\_\_\_\_ Please explain: \_\_\_\_\_

People see Chiropractors for a variety of reasons. Some go for relief of pain, some to correct the cause of pain, and others for correction of whatever is malfunctioning in their bodies. Dr. Helia Dashtkian will weigh your needs and desires when recommending a Chiropractic care program. Please check the type of care desired so that she may be guided by your wishes:

- Relief Care** – Symptomatic relief of pain or discomfort
- Corrective Care** – Correcting and relieving the cause of the problem as well as the symptoms
- Comprehensive Care** – Bring whatever is malfunctioning in the body to the highest state of health possible with Chiropractic Care
- I want Dr. Helia Dashtkian to select the type of care most appropriate for me**

Do you have any additional goals for care?

\_\_\_\_\_

Other doctors who have treated this problem:

\_\_\_\_\_

Father/Mother/Brother/Sister/Children with similar problems?

\_\_\_\_\_

What daily rituals for spinal health do you presently practice?

\_\_\_\_\_

Do you have health insurance?  Yes  No Name of Insurance Company: \_\_\_\_\_

*\*\*Please provide our staff with your insurance card and picture ID so that we may perform a complimentary Chiropractic benefits check.*

Method of payment for first visit:

\_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_ Credit/ Debit Card \_\_\_\_ HSA (Health Savings Account)

## Terms of Acceptance

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective as this prevents any confusion or disappointment.

The objective of chiropractic health care in this office is to **improve and optimize the health and function of the spine and nerve system through the correction of Vertebral Subluxations<sup>1</sup>. A Chiropractic Adjustment<sup>2</sup>** is the method used for the correction of Vertebral Subluxations.

We do not diagnose or treat disease. We analyze the spine for Vertebral Subluxations. If during the course of a chiropractic spinal evaluation, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnose, or treat for those findings, we will recommend that you seek the services of a health care provider who specializes in that area. Our commitment to your health is to (1) **evaluate and monitor** your spine and nerve system **on each visit** to determine the adjustment and adjusting procedures that will get the best outcome for you and (2) to provide you with supportive **education and information** so you can make the best health choices.

### X-Ray Consent

During your examination, the doctor may feel that x-rays will be needed. In order to perform x-rays on any patient, our office requires content for such tests.

I understand that my doctor may need x-rays in order to diagnosis my condition and I give permission of all needed diagnostic tests and x-rays.

**The above information is true and accurate to the best of my knowledge. My reason for consultation with the doctor is for evaluation of my physical health and the potential for improvement.**

**Patient or Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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<sup>1</sup> Vertebral Subluxation: A misalignment of one or more of the 24 vertebra in the spinal column, which causes alteration of nerve function. This alteration lessens the body's innate (born) ability to express it's maximum health potential. A Vertebral Subluxation involves all of the following: (1) vertebra, also known as spinal bones, (2) muscles, (3) discs, (4) ligaments, (5) nerves, and (6) the body parts supplied by the nerves.

<sup>2</sup> Chiropractic Adjustment: An adjustment is the specific and gentle application of force made by the hand or with an adjusting instrument to correct a Vertebral Subluxation.

### SPINAL NERVE

#### ORGANS & GLANDS

The organs and glands listed below are linked to the corresponding sections of the spine and it's spinal nerves.

#### ASSOCIATED SYMPTOMS

Please indicate below any symptoms you are currently experiencing as well as any you have previously experienced.

CERVICAL	THORACIC	LUMBAR	SACRAL	ORGANS & GLANDS		ASSOCIATED SYMPTOMS	
				CURRENT	PREVIOUS	CURRENT	PREVIOUS
C1	T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12	L1 L2 L3 L4 L5	S1 S2 S3 S4 S5	Parotid Gland • Scalp		Sinus & Ear Pain/Infection	Anxiety & Stress
C2				Base of Skull • Eyes		Runny Nose & Allergies	Seizures
C3				Lacrimal Gland • Sinuses		Frequent Head Colds	ADD/ADHD
C4				Inner, Middle & Outer Ear		Sore Throat & Tonsilitis	Thyroid Dysfunction
C5				Nose • Mouth		Strep Throat	Metabolic Dysfunction
C6				Intracranial Blood Vessels		Chronic Cough & Croup	Insomnia
C7				Sympathetic Nervous System		Difficulty Breathing	High/Low Blood Pressure
C8				Neck Muscles • Diaphragm		Poor Immunity	Enlarged Lymph Glands
T1				Shoulders • Elbows • Arms		Dizziness & Vertigo	Migraines & Headache
T2				Wrists • Hands & Fingers		Tinnitus & Ear Fullness	TMJ Pain
T3				Tonsils • Vocal Cords		Vision Problems	Stiff Neck
T4				Esophagus • Heart		Watery/Dry Eyes	Arm Pain
T5	Lungs • Chest • Thyroid		Chronic Fatigue	Hand/Finger Numbness			
T6			Poor Concentration	Loss of Grip Strength			
T7			Depression				
T8	Arms • Wrists		Asthma	Kidney Stones			
T9	Esophagus • Chest • Heart		Bronchitis & Pneumonia	Gall Bladder Attacks			
T10	Lungs • Trachea • Larynx		Congestion	Skin Conditions & Rashes			
T11	Diaphragm • Stomach		Reflux & GERD	Menstrual Cramps/PMS			
T12	Gallbladder • Liver		Indigestion & Heartburn	Infertility			
L1	Pancreas • Small Intestine		Stomach Pains	Menstrual Dysfunction			
L2	Spleen • Kidneys • Appendix		Ulcers	Rashes & Eczema			
L3	Adrenals • Colon • Buttocks		Gas & Bloating	Hyperactivity			
L4	Uterus • Ovaries • Testes		Jaundice	Shoulder Pain			
L5			Liver Conditions	Midback Pain			
S1			Blood Sugar Dysregulation	Rib Pain			
S2	Large Intestine • Colon		Irritable Bowel, Colitis, Crohn's	Prostate Dysfunction & Impotence			
S3	Thighs • Buttocks • Groin		Gas Pain & Constipation	Ovarian Cysts & Endometriosis			
S4	Knees • Legs • Feet		Diarrhea	Fertility Problems/ Loss of Menstruation			
S5	Reproductive Organs		Hemorrhoids	Low Back Pain			
			Bladder Infections	Hip Pain			
			Bladder Incontinence & Bedwetting	Thigh Pain			
			Painful/Excessive Urination	Numbness & Tingles in Legs			
	Buttocks • Groin • Legs		Varicose Veins	Sciatica			
	Ankles • Feet • Toes		Leg Cramping	Pelvic Pain			
	Prostate Gland • Bladder		Restless Legs	Knee Pain			
	Reproductive Organs		Poor Circulation & Cold Feet	Ankle Pain & Sprains			
				Foot Pain & Weak Arches			