Today's Date: _____

Vitality Chiropractic P.C.

Dr. Andrea Towers Bondy

5524 S. Saginaw Rd.
Grand Blanc, MI 48507
810-344-9279
vitalitychirogb@gmail.com

Patient Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____

Last 4 digits of Social Security Number: _____

Occupation: _____ Employer: _____

Primary Care Physician: _____ Phone Number: _____

Are you seeking care due to one of the following accident types? If yes, please circle one:

Auto Work

Contact Information

Phone Number: _____ Email Address: _____

Emergency Contact: _____ Phone Number: _____

Insurance Information

Policy Holder: _____

Policy Holder's DOB: _____ Policy Holders SSN: _____ - _____ - _____

Who is responsible for the finances on this account? _____

- Relationship to patient: _____

Signature of responsible party _____

Health History

Review the list of possible medical conditions. If you currently have, or have had any of the following, please mark the box.

- ☐ AIDS/HIV
- ☐ Alcoholism
- ☐ Allergy Shots
- ☐ Anemia
- ☐ Anorexia
- ☐ Appendicitis
- ☐ Arthritis
- ☐ Asthma
- ☐ Bleeding Disorders
- ☐ Breast Lumps
- ☐ Bronchitis
- ☐ Bulimia
- ☐ Cancer
- ☐ Cataracts
- ☐ Chemical Dependency
- ☐ Chicken Pox
- ☐ Diabetes
- ☐ Emphysema
- ☐ Epilepsy
- ☐ Glaucoma
- ☐ Goiter
- ☐ Heart Disease
- ☐ Hepatitis
- ☐ Hernia
- ☐ Herniated Disc
- ☐ Herpes
- ☐ High Cholesterol
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Measles
- ☐ Migraine Headaches
- ☐ Miscarriage
- ☐ Multiple Sclerosis (MS)
- ☐ Mumps
- ☐ Osteoporosis
- ☐ Pacemaker
- ☐ Parkinson's Disease
- ☐ Pinched Nerve
- ☐ Pneumonia
- ☐ Polio
- ☐ Prostate Problems
- ☐ Prosthesis
- ☐ Psychiatric Care
- ☐ Rheumatoid Arthritis
- ☐ Rheumatic Fever
- ☐ Scarlet Fever
- ☐ Stoke
- ☐ Thyroid Problems

If you currently have, or have had a medical condition not listed above, please utilize the space provided to list any additional medical condition(s).

_____

_____

Acknowledgements

In order to set clear expectations, improve communication and help you attain the best results, please read each statement and initial in the area provided. If you have any questions, the office staff will be more than happy to help you.

_____ I give Dr. Andrea Towers Bondy my permission to use her professional judgment to provide me with care that can best help me in restoring my health. I understand that care offered at Vitality Chiropractic is designed to reduce or correct vertebral subluxation. Chiropractic care is a separate and distinct healing art form from medicine and does not proclaim to cure any disease.

_____ **PARENTS ONLY**: I, _____, give Dr. Andrea Towers Bondy my permission to evaluate and treat _____ with chiropractic care.

_____ I may request a copy of the Privacy Policy at any time. I understand that the policy describes how my personal health information is protected and released on my behalf for seeking reimbursement from any involved third parties.

_____ I understand that an x-ray examination is a requirement for treatment. Diagnostic radiographs provide Dr. Andrea Towers Bondy with the information she needs to determine my diagnosis and treatment at Vitality Chiropractic.

_____ **WOMEN ONLY**: I realize that an x-ray examination may be hazardous to an unborn child and I certify that, to the best of my knowledge, I am not pregnant.
Date of last menstrual period: _____

_____ I grant permission to be called or texted to confirm or reschedule an appointment and to be sent occasional cards, letters, emails or health information, as an extension of my care in this office.

_____ To the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, severity or cause of my health concern(s).

_____ _____

Signature Date