

Welcome to Furshman & Davis Chiropractic Centers

General Information

Last Name _____ First Name _____
Person that referred you to our office _____
Address _____
City _____ State _____ Zip Code _____
Date of Birth _____ Social Security # _____ / _____ / _____
Phone Number(Home) _____ (Work) _____
(Cel.) _____ (e-mail) _____

Health History

Your reason for contacting this office _____
Is this the first time you have had this problem? _____
Have you seen another Doctor for this condition? _____
List any medications you are now taking _____

Non –Pregnancy verification for women

I, _____, hereby notify all concerned, that I
neither suspect nor know positively at this time that I may be
pregnant. I release this clinic from any and all damages arising
from any x-rays with reference to the possibility of pregnancy.

Date of last Menstrual _____ Signature _____
Witness _____

☺ thank you ☺

www.furshman-davischiro.com