

PETERSON CLINIC

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Health/Demographic Update

6 months to 3 years since last visit

Name: _____ DOB: _____

Address: _____ City: _____ St: _____

Phone: Cell: _____ Home: _____ Work: _____

Emergency Contact-Name: _____ Phone #: _____

Email: _____

Relationship changes: (circle) Married Divorced Single Covered under Parents Ins?

Insurance: Y () N (): Company Name: _____

BRING INSURANCE CARD/CLAIM NUMBER TO YOUR VISIT

Purpose of this Visit? _____

HEALTH CHANGES SINCE YOUR LAST VISIT:

Surgeries: _____

Medications: _____

Illnesses: _____

Injuries: Auto

Accident: Y () N ()

Work related Injury: Y () N ()

Other injuries: _____