



562 KINGWOOD DR
KINGWOOD, TX 77339
281-354-8330

Patient Update

Personal History

Your Name: _____
First Middle Last

Address: _____

Telephone: Home: _____, Cell: _____

Birth Date: _____ Email: _____

Marital Status: _____ Spouse's Name: _____

Occupation: _____ Employer: _____

Date of last visit to our Center: _____

Health History

- To the best of your recollection, for what reason had you decided to leave our office initially?

- Please describe your health status since your last visit to our clinic including, visits to other doctors, hospital stays, medications and/or supplements you are/have taken, motor vehicle accidents and/or any work related injuries: _____

- Have you had any major lifestyle changes since your last visit (e.g. marriage, children, and employment)?

4. What is your reason for today's visit? _____

5. Is there anything else you would like us to know?

On a scale of 1 to 10, with 10 being the highest, rate your commitment in helping us solve this problem: _____

Our Fee Structure

Today's visit may include any of the following:

	Total Fee
Examination	\$45
X-Rays	\$50-\$100
Total	\$95-\$145

Signature: _____ **Date:** _____

Consent for Radiology

I, _____, give the doctors of Clark Chiropractic & Wellness my consent to take any and all x-rays needed to better understand my condition. I have been fully informed of the possible risks and safety standards of this office.

I also give my consent for films of my child (children) for the same reasons, if applicable.

For Ladies only:

To the best of my knowledge I am not pregnant and know of no contraindications for x-rays at this time.

Patient Signature: _____ Date: _____

Thank You!

