



Health History

Patient Name: _____ Date: _____

PLEASE READ AND SIGN

To the best of my knowledge, the questions on the Chiropractic Registration and History form and the Health History form have been accurately answered. I understand that providing incorrect information can be dangerous to my health. It is my responsibility to inform the doctor's office of any changes in my medical status. I also authorize the healthcare staff to perform the necessary services I may need.

Signature of Patient (Parent/Guardian if under 18)

Date

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
Written Acknowledgement Form**

I, _____ have read a copy of Discover Family Wellness Center's
(Print Name)

Notice of Patient Privacy Practices.

Signature of Patient (Parent/Guardian if under 18)

Date