

# Welcome to the office of Dr. Danielle Olson and Dr. Annie Seefeldt

Date: \_\_\_\_\_

Please complete the following information...

Name	
Date of Birth	
Full Address	
Telephone: Days Evenings	
Email Address	

Who can we thank for referring you to this practice? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

Do you have any children? If so, what are their names and ages?  
\_\_\_\_\_

What are your hobbies? \_\_\_\_\_

What is your main reason for coming here today? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything about your spine or nervous system that might be important for me to know?  
\_\_\_\_\_

Please describe any past illnesses, diagnoses, traumas, hospitalizations or treatments received.  
\_\_\_\_\_

What medical testing have you had performed in the past, and what were the results?  
\_\_\_\_\_

Have you been to a chiropractor before? If so, please describe your experience.  
\_\_\_\_\_

Are you currently under the care of another health professional? If so, please describe.  
\_\_\_\_\_

Doctor's Notes: (Please leave this section blank.)

Dx:

Tx Plan:

Please describe the medical history of your parents, siblings and children. Have there been any occurrences of cancer, diabetes, hypertension, cardiovascular disease, mental illness, etc?

Dr. Danielle Olson has been trained extensively in the chiropractic profession and should not be confused with being a medical physician. The goal in this practice is to enhance the function and integrity of your nervous system, not to diagnose, treat, or cure physical, mental or emotional ailments. We witness "miracles" every day, but it is important for you to understand that if you become concerned about symptoms or medical conditions, we suggest that you seek the help of a symptom and disease care professional.

I, the undersigned, have completely read and understand the above statement and choose to be served at the Office of Dr. Danielle Olson and Dr. Annie Seefeldt.

Signature

Date