

Welcome to the home office of Dr. Danielle Olson.
 Please complete the following information:

Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Home Phone: () _____ Work Phone: () _____
Cell Phone: () _____
Date of Birth: _____ E-mail Address: _____

Who can we thank for referring you to this practice? _____
What is your occupation? _____
Do you have any children? Yes No
If yes, their names & ages: _____
What are your hobbies? _____

What is your reason for coming here?

Is there anything about your spine & nerve system that would be important for me to know?

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 nerve system, not to diagnose, treat, or cure physical, mental, or emotional ailments. We witness "miracles" every day, but it is important 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 Home Office of Dr. Danielle Olson.

Signature _____ Date