

Welcome to our Office

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Date: _____
Last name: _____ First name: _____
Address: _____ city _____ state _____ zip _____
Phone # (hm): _____ Phone #(wk): _____ Cell # _____
Date of birth: _____ Age: _____ E-Mail _____
SS#: _____ Occupation: _____
Marital Status: _____ How many children: _____
Who may we thank for your referral? _____

1. What do you think your problem is? _____
2. What kind of doctor are you looking for? (circle one)
Patch you up and send you on your way
Treat your symptoms until they're gone
Help with the problem and then maintain health
Other: _____
3. What do you hope to do better or enjoy more once you regain your health? _____

4. Things I currently do to support my health include: (circle all that apply)

Drink plenty of water	Vitamins, minerals or herbs
Exercise regularly	Maintain a proper weight
Get plenty of rest	Receive regular massages
Acupuncture	Orthotics/heal lifts
Homeopathic remedies	Use a cervical pillow
Maintain positive attitude	Annual physical examinations
Eat organically grown foods	

On a scale of 1-10 (10 being the highest) what is your level of commitment, if asked to change your lifestyle, to correct this problem? (This may include exercise, nutrition program, schedule of care, etc.) Rate _____

List your history of surgery: _____
List any medications (prescription/over-the-counter): _____
