

Welcome to the home office of Dr. Kori Mortenson

Please print clearly and fill in completely.

Name: _____ Email: _____

Address: _____ City: _____ Zip code: _____

Home phone: _____ Cell: _____ Work: _____

Date of birth: _____

Referred by: _____

Personal & Family History

Your Occupation: _____ Work duties: _____

Name of spouse: _____

Number of children, Names and ages: _____

Hobbies & Interests (what you do for fun)?: _____

Chiropractic History

Have you ever been to a chiropractor before? ___ Yes ___ No

If yes, who and when? _____

Are other family members under chiropractic care? ___ Yes ___ No

Health History

What is your reason for come in today? _____

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

Getting to Know Chiropractic

1. What happens if you turn your brain off? ___ I live ___ I die
2. If you die from turning your brain off, do you consider your brain's messages to the tissue vitally important to your life? ___ Yes ___ No
3. Did you know that chiropractors help the body remove this nerve interference by adjusting vertebra in the spine to help restore proper function? ___ Yes ___ No
4. How many spines will you have in your lifetime? ___ 1 ___ 2
If 1, how long should you take care of it? ___ just when it hurts ___ regularly during my lifetime

Dr. Kori Mortenson 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. Kori Mortenson.

Signature

Date