

Full Name _____ Date ____/____/____
Address _____ City _____ State _____ Zip _____
Home phone () _____ Work phone () _____ Cell () _____ Email _____
Emergency Contact _____ Relation _____ Phone _____
Birth Date ____/____/____ Age _____ Sex: (circle one) Male or Female
Occupation _____ Referred by: _____

Are you currently under the care of a doctor, Chiropractor, Therapist? _____ If yes, please explain. _____

Date of your last visit. _____

Have you ever been involved in an auto accident? _____ If yes, please give dates and injuries you may have as a result.

Please give me your medical history regarding any major health issues you have had, including but not limited to surgeries, broken bones and illnesses. Please include year occurred. _____

Do you exercise on a regular basis? _____ If yes, what do you do and how often. _____

What do you do with your spare time? _____

Reason for coming today. _____

Females: Menstrual cycles normal? _____ # of pregnancies and births _____ On birth control? _____

I hereby understand and recognize that Suzzi D. Lomax is not a MD, Osteopath, Chiropractor or Naturopath and that she does not hold herself to the public as a representative of any said profession. I understand that the procedures desired are not related to the treatment of any underlying organic disorders in my body (if present), and that all procedures given to me are performed with the intent to balance body functions and nutrition and not intended to treat disease or symptoms as defined by the medical profession. I further acknowledge that Suzzi D. Lomax does not diagnose disease, prescribe drugs or perform surgery. I understand that Myopractic's is not regulated by the state or any state agency and that Suzzi D. Lomax is not governed by any licensing law and that she practices by natural right of liberty. I hereby certify that I have read this entire form and that I understand and agree to the provisions described herein.

Signature: _____ Date: ____/____/____