



Dr. Keenan's Accutap Chiropractic
Dennis Keenan, D.C.
51 West Pleasant Avenue Maywood, N.J. 07607
201-845-0993

DATE _____ FILE # _____

NAME: _____

DATE OF BIRTH _____

- Have you had a fever of 99.9 or above over the past 2 days, body aches, difficulty breathing, or a cough? Have you had loss of taste/smell? **Y** **N**
- Have you been exposed to anyone who has had any of these symptoms or is positive for the COVID virus? **Y** **N**
- Have you ever been tested for the virus? If yes, when, why & where? Do you know the results? **Y** **N**

Cell Phone: _____ Home Phone: _____

Email _____

DATE OF BIRTH: _____ SEX **M** **F** _____

Address: _____

City / State: _____ Zip: _____

Occupation: _____

Name of Spouse/ Person of Contact _____

Children's Names & Ages _____

Have you had previous chiropractic care? **Y** **N**

If yes, who & when: _____

Were X-rays taken? **Y** **N**

What brings you to the office today? _____

Have you had any surgeries, falls, accidents or injuries? If yes, please list what & when:

Please write below any additional information that you feel we should know.

PLEASE READ AND SIGN OTHER SIDE

NO REFUNDS, CREDITS OR ADJUSTED PAYMENTS WILL BE MADE AFTER 30 DAYS

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TERMS OF ACCEPTANCE

When an individual or family seeks and is accepted into a program of chiropractic care, it is essential for all parties to be working toward the same objectives. We have only one goal, and it is important that everyone understands both our objective and the methods we will use to move consistently toward that objective.

Your care in our practice is not a substitute or alternative for, nor is it a preventative form of medicine. Medically-base care specializes in diagnosis and treatment of specific symptoms, illness and disease. Our chiropractic care specializes solely in helping people of all ages ensure that their spines and nerve systems are functioning as optimally as possible. This in turn allows fuller expression of life energy in their bodies.

So while the natural result of a higher expression of life-energy is increased health, wellness and an overall expansion of your well-being, we will not diagnose, treat or attempt to cure any specific medical conditions or treatments.

If you are seeking care for the removal of a specific medical symptom, or condition, we suggest you seek the services of another health care provider.

I, _____ have read and fully understand the above

PRINT NAME

statement.

All questions regarding the chiropractor's objective pertaining to my care in this office have been answered to my complete satisfaction. Therefore, I accept chiropractic care on this basis.

SIGNATURE

DATE

CONSENT TO ADJUST AND EVALUATE A MINOR CHILD:

I, _____ being the parent or legal guardian of _____ have read and fully understand the above Terms of Acceptance and, by my signature above, hereby grant permission for my child to receive chiropractic care.