

Welcome to Miranda Chiropractic. The purpose of this office to inform as many people as possible of the spinal condition called the **VERTEBRAL SUBLUXATION COMPLEX**. Vertebral Subluxations disrupt the normal innate functions of the nervous system and interferes with your opportunity for optimal health and healing. Your experience here should be one of healing as well as learning the TRUE meaning of HEALTH for you, your family, and your friends.

Last Name: _____ Middle Initial: _____ First Name: _____

Name you prefer to go by: _____ SSN: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ / _____ / _____ Sex: _____ Age: _____

Height: _____ Weight: _____ Marital Status: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ May we contact you at work? _____

Occupation: _____

Employer: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Spouse/Significant Other: _____ Spouse's Date of Birth: _____

Number of Children: _____ Ages: _____

Family Emergency Contact: _____ Phone: _____

Non-Family Emergency Contact: _____ Phone: _____

Your Email Address: _____

Primary Health Insurance: _____

Who is the Insured Party? _____ Self _____ Spouse _____ Other _____

Insured's ID #: _____ Group #: _____

Secondary Health Insurance: _____

Who is the Insured Party? _____ Self _____ Spouse _____ Other _____

Insured's ID #: _____ Group #: _____

How did you hear about our office? _____
