

Valley Center Chiropractic and Holistic Care
28714 Valley Center Rd, CA 92082
(760) 500-6253 www.valleycenterchiropractic.com

New Patient Introduction Form

Please complete fully and bring in with your initial appointment or FAX to 760-751-3559

Name: _____ **Date:** _____
Phone: _____ **Cell Phone:** _____
Email: _____
Social Security: _____

1. Chief Concerns, in order:

2. Medications and/or Nutritional Supplements currently on:

3. Dietary Intake for 2 days before appointment:

Breakfast:

Breakfast:

Snacks:

Snacks:

Lunch:

Lunch:

Snacks:

Snacks:

Dinner:

Dinner:

Snacks:

Snacks:

4. How did you hear about us?