

Petchauer Chiropractic LLC
Dr. Michael R. Petchauer • 12978 James St. • Holland, MI 49424 • 616-394-0112

Name: _____ Date: _____
(Full legal name)

As of September 26, 2012, we are required by the new federal health care act to have specific information about you in your records at this office.

It is only for this reason that we are asking you to provide the following:

- A list of your current prescription medications:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

- A list of any drug allergies you have:

1. _____
2. _____
3. _____

○ Do you currently smoke tobacco? _____ Yes _____ No

○ Are you a former tobacco user? _____ Yes _____ No

Height: _____ Weight: _____

Signature: _____