Caffeine consumption: None Rarely Frequently

Coffee _____ a day Tea _____ a day Caffeinated soft drinks _____ a day

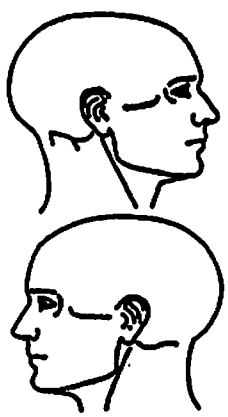
Current Occupation _____ Past Occupations _____

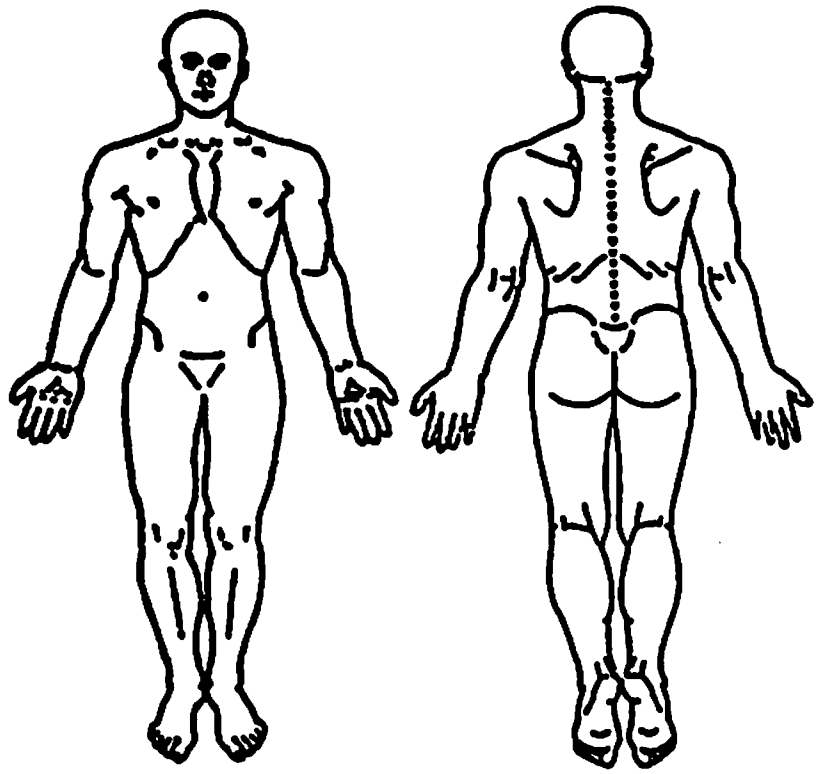
Does your current work environment require constant: standing sitting lifting high stress

Hobbies / Activities of daily living _____

Please mark the diagrams using

A = Ache
B = Burning
C = Stabbing
N = Numbing
P = Pins & Needles
M = Muscle Spasm
O = Other





Are you interested in receiving more information on: _____ orthotics for arch support

_____ massage therapy other _____

Draw a horizontal line on the scale below to indicate the degree of pain and/or discomfort you are experiencing today.

Absence [_____] Extreme

AUTHORIZATION FOR PAYMENT / FINANCIAL AGREEMENT

I understand that **BRADY CHIROPRACTIC GROUP, PC** bills my insurance as a service to me. I understand that it is my responsibility to ensure that my insurance carrier processes all claims. I understand that I am personally responsible for all charges whether or not paid by my insurance carrier.

I agree to pay my deductible, co-pay or co-insurance at the time of service. I agree that if payment is not made in the agreed upon manner I will pay interest on said account at the rate of 1.5 % per month on the unpaid balance (18% per annum). Brady Chiropractic Group offers patients a discount if payment is made at the time of service. (This does not include the initial exam, x-rays, massage, supplements or supports.)

_____ _____ _____

PATIENT / PARENT OR GUARDIAN SIGNATURE | DATE | WITNESS SIGNATURE