

Brighton Chiropractic and Nutritional Health

1088 Brighton Road Tonawanda, NY 14150

(716)837-1711

Name (please print): _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Date of Birth: _____ Age: _____ Sex: M/F _____ Height: _____ Weight: _____

Overall Health (circle one): Excellent / Good / Fair / Poor / Other

Chief Complaint (reason why you are here): _____

Previous Treatment: _____

Other Complaints/Problems: _____

Are you currently under the care of a physician/health care professional? Yes/No

If yes, name of physician/professional: _____ Date of Last Visit: _____

Current Medications/Drugs you are taking: _____

Nutritional Supplements you are taking: _____

Do you smoke? Yes/No Drink coffee? Yes/No Drink Alcohol? Yes/No

Marital Status: S M D W If Married, Name of Spouse: _____

Describe Health of Spouse: _____ # of Children: _____

Name of Child	Age	Sex	Any Physical Conditions?
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1.		M/F	
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2.		M/F	
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3.		M/F	
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Occupation: _____ Employer: _____

Referred By: _____

Is there any family history of serious illness (circle those that apply): Cancer / Diabetes/ Heart

Other: _____

Any household pets or other animals you or your family are in close contact with?

If so, please list: _____

What can we do to make you happier? _____

Signature: _____ Date: _____

Brighton Chiropractic and Nutritional Health
Jamie L. Brenon, DC
1088 Brighton Road
Tonawanda, NY 14150
716-837-1711

Permission and Authorization Form for the Neuro Emotional Technique

I specifically authorize the natural health practitioner, Dr. Jamie Brenon at Brighton Chiropractic and Nutritional Health to perform the Neuro Emotional Technique; to develop a natural, complementary health improvement program for me. THIS IS NOT FOR TREATMENT OR "CURE" OF ANY DISEASE.

I understand that the Neuro Emotional Technique is a safe, non-invasive, natural method of analyzing my body's physical and emotional needs. Any imbalance in these areas could cause or contribute to various health symptoms.

I understand that the Neuro Emotional Technique is NOT a method of "diagnosing" or "treating" any disease or medical condition. These conditions are not being tested and or treated.

No promise or guarantee is made to me regarding the results of Neuro Emotional Technique. Rather, I understand that Neuro Emotional Technique is a means by which the body's natural reflexes can be used as an aid to determining possible emotional imbalances. A safe natural program can be developed for you for the purpose of helping you bring about a more optimum state of health.

I have read and understand the above information.

Date: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Signature of Guardian/Parent If Patient is a Minor