



**Healing Hands Chiropractic and Massage Clinic
CONSULTATION ADMITTANCE CARD**

Name..... **Home #:**.....

Cell #:..... **Address**.....

City..... **Postal Code:**..... **Date of Birth** M.....D.....Y.....

Marital Status **Spouse's Name**.....

Occupation..... **Number of Children**.....

Name of Employer..... **Phone:**.....
.....

Address of Employer.....

Referred By.....

Have you had chiropractic before?..... **Name of Chiropractor**..... **Date:**.....

Medical Physician..... **Phone**.....

BC Health Care Number..... **E-Mail:**.....

****WE DO REQUIRE 24 HOURS NOTICE FOR ALL CANCELLATIONS****