

Family Chiropractic Care

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Moose Lake, Mn. 55767

Name: _____ **Age:** ____ **Date:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone Hm: _____ **Wk:** _____

Marital Status: S M D W # of Children _____ **Spouses Name:** _____

Referred By: (Friend) (Relative) (Newspaper Ad) (Yellow Pages) (Sign) (Other: _____)

Describe how you felt before you came into our office: _____

How did that problem affect your life? _____

How did our care help you? _____

What would you say to others who could benefit from our care? _____

Who can you think of that would benefit from our care that you could tell?

By signing below, you are authorizing us to use this information for promotional use.

Signature _____

Date: _____