

ALTAIR CHIROPRACTIC, LLC

Dr. Anna Altair, DC

452 Knik Goose Bay Road
Wasilla, Alaska 99654
907-357-1818

Name _____ Today's Date ___/___/___

Address _____ City _____ Zip _____

Birth date _____ Age _____ Sex _____ SSN _____

Phone (Home) _____ (Work) _____ (Cell) _____

Employer _____ Occupation _____

Email _____ Who referred you? _____

*Welcome to
Altair Chiropractic
We're Happy You
Found Us !!*

Who should be notified in case of an emergency?

Name: _____

Address: _____

Phone: _____

Major complaint: _____

How and when did this condition happen? _____

Have you had this or similar conditions in the past? Yes / No When: _____

Is it getting worse? Yes / No / Constant / Comes and goes / Chronic

Does it interfere with your. . . Work / Daily Activities / Sleep

What activities aggravate your condition? _____

Dr. Altair has my permission to treat my child: _____

Signature of Parent or Guardian