



MURRAY
FAMILY CHIROPRACTIC

Pain Relief to Wellness

Our mission is to improve the health and wellness of the families in our community so they may achieve and maintain their optimal health potential, and enjoy an enhanced quality of life.

Our passion is to raise awareness that true health comes from within, and that the maintenance of your nervous system along with healthy lifestyle choices is far superior to the treatment of disease.

Personal Information

(please print clearly)

Name: _____

Address: _____
Street Apt #

_____ City Province Postal Code

Home phone: () - Work: () - Ext. _____

Cell: () _____

Email Address: _____

Date of Birth: _____ Age: _____ Marital Status _____
Day/Month/Year

Occupation: _____

Parent / Legal Guardian (if under 18): _____

How did you hear about us? _____

Have you seen another chiropractor? Y / N When? _____

Name of Chiropractor: _____ Were x-rays taken? Y / N

Reason for discontinuing care: _____

Family Doctor's Name: _____

Do you have Extended Health Care Coverage? Y / N