

# James Carter, DC, DACBR

## Patient Information

Name \_\_\_\_\_ Acute...Sub-acute...Chronic

Chief Complaint (circle all that apply):

Cervical/Thoracic/Lumbar/SI/Hip(R/L)/Other \_\_\_\_\_

Recent Trauma Y/N Approximate Date of Injury \_\_\_\_\_

Briefly Describe \_\_\_\_\_

Significant History/Exam Findings \_\_\_\_\_

\_\_\_\_\_

Specific Questions on X-ray \_\_\_\_\_

## Patient Information

Name \_\_\_\_\_ Acute...Sub-acute...Chronic

Chief Complaint (circle all that apply):

Cervical/Thoracic/Lumbar/SI/Hip(R/L)/Other \_\_\_\_\_

Recent Trauma Y/N Approximate Date of Injury \_\_\_\_\_

Briefly Describe \_\_\_\_\_

Significant History/Exam Findings \_\_\_\_\_

\_\_\_\_\_

Specific Questions on X-ray \_\_\_\_\_

**Mailing Labels (please make copies of this sheet)**

**Send To: James Carter DC, DACBR  
PO Box 3548  
Danville, CA 94526**

**Send To: James Carter DC, DACBR  
PO Box 3548  
Danville, CA 94526**

**Send To: James Carter DC, DACBR  
PO Box 3548  
Danville, CA 94526**

**Send To: James Carter DC, DACBR  
PO Box 3548  
Danville, CA 94526**

**Send To: James Carter DC, DACBR  
PO Box 3548  
Danville, CA 94526**

**Send To: James Carter DC, DACBR  
PO Box 3548  
Danville, CA 94526**

**Send To: James Carter DC, DACBR  
PO Box 3548  
Danville, CA 94526**

**Send To: James Carter DC, DACBR  
PO Box 3548  
Danville, CA 94526**

**Send To: James Carter DC, DACBR  
PO Box 3548  
Danville, CA 94526**

**Send To: James Carter DC, DACBR  
PO Box 3548  
Danville, CA 94526**

**Send To: James Carter DC, DACBR  
PO Box 3548  
Danville, CA 94526**

**Send To: James Carter DC, DACBR  
PO Box 3548  
Danville, CA 94526**

**Send To: James Carter DC, DACBR  
PO Box 3548  
Danville, CA 94526**

**Send To: James Carter DC, DACBR  
PO Box 3548  
Danville, CA 94526**

**DC Information**

Please Print Clearly

Name\_\_\_\_\_

Street Address\_\_\_\_\_

City/State/Zip\_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_\_

Email to Receive Reports\_\_\_\_\_

Use Subluxation Y N

**Credit Card Option**

Use of a credit card is a payment option. If you wish to use a credit card please complete the following:

Cardholder\_\_\_\_\_

Card Type\_\_\_\_\_

Card Number\_\_\_\_\_

Expiration Date\_\_\_\_\_ Security Code\_\_\_\_\_

Zip Code of Billing Address of Card\_\_\_\_\_

One Time Charge Y N

Recurring Charge Y N Date of Month\_\_\_\_\_