

ATHLETE CASE HISTORY FORM
The Mantonya Chiropractic & Wellness Centers

Name _____ Date _____

Mailing Address _____ City _____

State _____ Zip _____ Phone (_____) _____ SS# ____/____/____

Birth Date _____ Male () Female () Age _____ Height _____ Weight _____ Grade _____

Parent's Name _____ Occupation _____

Work Phone (____) _____ Referred By _____

Please check all sports you participate in: () Football, () Volleyball, () Wrestling, () Basketball,
() Softball, () Baseball, () Track, () Cheerleading, () Weightlifting, () Other _____

Please List Your Three Main Complaints:

1 _____

2 _____

3 _____

Please List Your Most Recent Injuries:

1 _____

2 _____

3 _____

Please list other ways you have been treating this condition (ice, heat, other doctors, etc.): _____

Have ever been to a Chiropractor before? () Yes, () No

If yes, Who? _____ Where? _____

Name of Family Physician _____

Do you have Insurance? () Yes, () No

Primary Insurance Company Name _____ Insured's ID# _____

Insured's Name _____ Insured's D.O.B. _____

Secondary Insurance Company Name _____ Insured's ID# _____

Insured's Name _____ Insured's D.O.B. _____

Name _____ Date _____



The Mantonya Chiropractic & Wellness Centers

Improving Lives with Expert Healthcare since 1971.

919 North 21st Street
Newark, Oh 43055

Phone: (740)366-6601
Fax: (740)366-6286

149 North High Street
Hebron, Oh 43025

Phone: (740)928-7686
Fax: (740)928-5585

MantonyaChiropractic.com



PARENTAL/GUARDIAN CONSENT FORM

I, _____(parent/legal guardian) give my permission to The Mantonya Chiropractic Center and the Doctors within to perform the necessary diagnostic tests and to render the recommended treatments, thereafter to _____.

I also consent to billing any services performed to my insurance company (if applicable) and authorize the release of any information requested in order to process these claims.

A photocopy of this consent Form will be as effective and valid as the original.

Signature_____Date_____

Parent/Legal Guardian

Print Name_____

Witness_____Date_____

parental consent