CELEBRATION FAMILY CHIROPRACTIC
Scoliosis Reduction Center
Dr. Anthony Nalda
604 Front Street
Celebration, FL 34747
Phone: 321-939-2328
Fax:407-965-4485
Email: staff@scoliosisreductioncenter.com

Intensive Intake

Name:_____Birth Date:_____Age:_____☐ M ☐ F

Address:_____City:_____State:_____Zip:_____

E-mail Address:_____Home Phone:_____Mobile Phone:_____

Height:_____Weight:_____If Female, Date Started of Menses:_____

Current Activities:_____

Guardian's Name:_____Relationship:_____Height of Patient's; Mother:____Father:_____

How did you hear of Dr. Tony Nalda?_____

Current Condition:_____ Date Diagnosis:_____ By Who:_____

Degree of curvature when diagnosed:_____ What was the recommendation? _____

When diagnosed, what treatment did you do?_____

What were the results?_____

Who is your current Doctor and what do they recommend?_____

Date of your most current x-rays?_____Degree measured at that time?_____

Any other Doctor that you have seen for this condition and what did they recommend?_____

_____

_____

Any Family Hx of Condition:_____If yes; describe:_____

Any other health concerns?_____

Any surgeries:_____If yes; describe:_____

Any injuries, trauma or broken bones:_____If yes; describe:_____

Additional information you would like Dr. Tony to know:_____

_____

Doctor Notes:

I understand that this is a phone call consultation and is NOT meant to replace a complete exam or evaluation. The intent of this phone consultation is not to diagnosis or treat any condition, but merely to review your case and discuss the available options, answer questions, and discuss the current treatment models. I understand the doctor doesn't have all data necessary to make a complete diagnosis or prognosis regarding treatment, exams, xrays, and any other testing.

_____

Patient/Guardian Signature Date