

Rise Chiropractic and Wellness Health Questionnaire - REVIEW & ACCURACY ATTESTATION

Practice: Rise Chiropractic and Wellness

Patient Name: _____

Date of Birth: _____

Purpose of This Review

To ensure your health information on file is accurate and up to date, we ask all existing patients to review their previously completed health questionnaire once per year.

QUESTIONNAIRE REVIEW

I have reviewed my **Original Health Questionnaire** on file dated: _____

Please select **one**:

☐ **No changes**

I attest that the health information contained in my questionnaire on file remains accurate and complete to the best of my knowledge.

☐ **Updates needed**

I attest that the health information contained in my questionnaire on file is accurate **except for the changes listed on the attached addendum.**

PATIENT RESPONSIBILITY STATEMENT

I understand it is my responsibility to notify Rise Chiropractic and Wellness of any changes to my health status, medications, diagnoses, pregnancy status, or other relevant medical information as they occur.

Patient Signature

Signature: _____

Date: _____

Staff Use Only

- ☐ Questionnaire reviewed with patient
- ☐ Addendum completed (write N/A if unapplicable) _____
- ☐ Chart updated and flagged for provider review (if needed)

Staff Initials: _____