



ADULT SCHOOL / PRE-EMPLOYMENT / EMPLOYMENT PHYSICAL
Dr. Jessica Crivelli

Payment is due at time of service \$30.00 Cash \$35.00 Debit \$40.00 Credit

Date _____

PLEASE COMPLETE IN LEGIBLE PRINT

Have you been involved in a motor vehicle accident in the last 3 years?	Yes	No
Did you seek medical attention within 14 days of the accident	Yes	No

Name of Patient _____ Date of Birth _____

I hereby authorize Align Chiropractic Day Spa, Dr. Jessica Crivelli, to administer care as deemed necessary for the purpose of this examination.

Patient Signature _____ Date _____

Street Address _____

City, State, Zip _____

Telephone _____

Email _____

14270 Spring Hill Drive ~ Spring Hill Florida 34609
Phone (352)-684-1484 ~ Fax (352) 684-1420