

William M. Thomas, D.C.

A Chiropractic Corporation

Mobile Chiropractic Request Sheet

Download all forms at <http://www.DrTChiro.com/mobilechiro.html>

- 1. Authorization from supervisor. <http://www.DrTChiro.com/Documents/MobileAuthorization.pdf>
Available Outlet Internet Enough Space for a table (5' x 6' minimum)
- 2. Number of miles to office _____ (The directions should be on the Authorization form mentioned above).
(Can be looked up at <http://www.DrTChiro.com/maps.htm>)
- 3. Desired Day _____ (please check office schedule) Date _____, Time _____
We may be able to accommodate after office hours, during lunch or re-schedule our office hours.
- 4. Patient Schedule Sheet: Expected number of patients to be seen _____ Min of 6 (owner/supervisor free)
Download this sheet at <http://www.DrTChiro.com/Documents/MobileRequest.pdf>
 Please have each person that is to be seen fill out the **Patient Intake Form** (online) ahead of time
(and send it to us) at <http://www.DrTChiro.com/mobilechiro.html> so we have all the needed information to provide quality chiropractic care.

It can also be filled out at the time we get there, but to save time, it's better if we have it beforehand.

New patients take about 5 minutes for an exam, then 5 minutes for an adjustment. A "quick adjustment" takes about 5 min.

New Patients, please block off a 10 minute slot, use the grey row or block off 2 blocks.

Time	Name	E-mail	Phone	New Patient (Use Grey)
:00				<input type="checkbox"/> Y <input type="checkbox"/> N
:05				<input type="checkbox"/> Y <input type="checkbox"/> N
:10				<input type="checkbox"/> Y <input type="checkbox"/> N
:15				<input type="checkbox"/> Y <input type="checkbox"/> N
:20				<input type="checkbox"/> Y <input type="checkbox"/> N
:25				<input type="checkbox"/> Y <input type="checkbox"/> N
:30				<input type="checkbox"/> Y <input type="checkbox"/> N
:35				<input type="checkbox"/> Y <input type="checkbox"/> N
:40				<input type="checkbox"/> Y <input type="checkbox"/> N
:45				<input type="checkbox"/> Y <input type="checkbox"/> N
:50				<input type="checkbox"/> Y <input type="checkbox"/> N
:55				<input type="checkbox"/> Y <input type="checkbox"/> N
:00				<input type="checkbox"/> Y <input type="checkbox"/> N
:05				<input type="checkbox"/> Y <input type="checkbox"/> N
:10				<input type="checkbox"/> Y <input type="checkbox"/> N
:15				<input type="checkbox"/> Y <input type="checkbox"/> N
:20				<input type="checkbox"/> Y <input type="checkbox"/> N
:25				<input type="checkbox"/> Y <input type="checkbox"/> N
:30				<input type="checkbox"/> Y <input type="checkbox"/> N

Fax this form to (562) 304-2917

Anything else we may need to know: _____

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Time	Name	E-mail	Phone	New Patient (Use Grey)
:35				<input type="checkbox"/> Y <input type="checkbox"/> N
:40				<input type="checkbox"/> Y <input type="checkbox"/> N
:45				<input type="checkbox"/> Y <input type="checkbox"/> N
:50				<input type="checkbox"/> Y <input type="checkbox"/> N
:55				<input type="checkbox"/> Y <input type="checkbox"/> N
:00				<input type="checkbox"/> Y <input type="checkbox"/> N
:05				<input type="checkbox"/> Y <input type="checkbox"/> N
:10				<input type="checkbox"/> Y <input type="checkbox"/> N
:15				<input type="checkbox"/> Y <input type="checkbox"/> N
:20				<input type="checkbox"/> Y <input type="checkbox"/> N
:25				<input type="checkbox"/> Y <input type="checkbox"/> N
:30				<input type="checkbox"/> Y <input type="checkbox"/> N
:35				<input type="checkbox"/> Y <input type="checkbox"/> N
:40				<input type="checkbox"/> Y <input type="checkbox"/> N
:45				<input type="checkbox"/> Y <input type="checkbox"/> N
:50				<input type="checkbox"/> Y <input type="checkbox"/> N
:55				<input type="checkbox"/> Y <input type="checkbox"/> N
:00				<input type="checkbox"/> Y <input type="checkbox"/> N
:05				<input type="checkbox"/> Y <input type="checkbox"/> N
:10				<input type="checkbox"/> Y <input type="checkbox"/> N
:15				<input type="checkbox"/> Y <input type="checkbox"/> N
:20				<input type="checkbox"/> Y <input type="checkbox"/> N
:25				<input type="checkbox"/> Y <input type="checkbox"/> N
:30				<input type="checkbox"/> Y <input type="checkbox"/> N
:35				<input type="checkbox"/> Y <input type="checkbox"/> N
:40				<input type="checkbox"/> Y <input type="checkbox"/> N
:45				<input type="checkbox"/> Y <input type="checkbox"/> N
:50				<input type="checkbox"/> Y <input type="checkbox"/> N
:55				<input type="checkbox"/> Y <input type="checkbox"/> N
:00				<input type="checkbox"/> Y <input type="checkbox"/> N

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