

Hello!

We are excited to meet you soon. Please mark your calendar.

Before your appointment with us, please fill out your Intake Form (the following pages). **If for some reason you do not get it filled out, please come 30 minutes early** so you have plenty of time to fill it out before your appointment with the Doctor.

During your first visit, you will have a complete chiropractic consultation and exam, with full spine x-rays (for people aged 4-5 and older) and computerized nerve scans. This is normally a fee of \$260.00, but since you heard about us through a patient of ours or a flyer/coupon, it will be significantly discounted. 😊

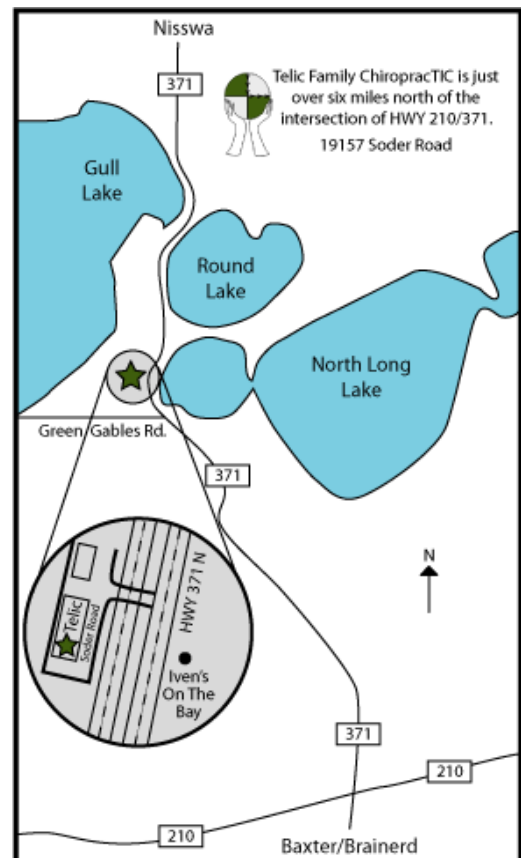
You will want to allow between 30-40 minutes for your first visit.

Need directions?

- Driving North, we are about 6 miles north of the intersection of Hwy 371 and Hwy 210. After you pass the Brainerd International Raceway, you will go about 1.5 miles and take a LEFT after you pass the intersection of Green Gables Road (right across from Ivan's on the Bay Restaurant).
- Driving South, after you pass the intersection of Ojibwa Park Road go about a mile and take a RIGHT after you see the road sign for Co Rd 126. We are across the highway from Ivan's on the Bay Restaurant.

We look forward to serving you and your family!

-Team Telic



We have over 750+ TESTIMONIALS from people up to 90 minutes from our Center (like St. Cloud, Wadena, Aitkin, Otter Tail, Sebeka and Walker - just to name a few). Be sure to check out our map and testimonial book when you get here!

"I have been able to **walk without pain** and stand straight again. I **sleep all night** and wake up rested...I have **not been sick for 3 years** since I began my care here." - Chuck age 63, Motley

"Since my adjustments started my **migraines, nerve pain and medications are gone**. I would recommend Dr. Andy to everyone. He not only adjusts you but also teaches everybody why their bodies behave the way they do." - Patty age 50, Aitkin

"We came to Dr. Andy for my son being **very colicky, gassy and suffered from stuffy nose**. He couldn't sleep well at all. It is so unbelievable to see my baby do "normal" baby things without crying...He now **sleeps 11 hours** at night without waking up every 20 minutes-1 hour." Rex age 6 months, Nisswa

About DR. ANDY

Dr. Andy Kuecher, DC, FICPA, SCP, DPhCS received his Doctorate of Chiropractic from Northwestern College of Chiropractic.

He has attained a 100-hour certification through the Gonstead Methodology Institute.

He is a Fellow of the International Chiropractic Pediatrics Association and has been thoroughly trained in the care of pregnant women and children.

He is also certified in the Webster technique for the care of pregnant women, newborns and children.

He has spoken at the International Chiropractors Association Council of Philosophical Standards in Fort Worth TX, Northwestern College of Chiropractic, and Palmer College of Chiropractic in Davenport IA. In addition, he has spoken at several local schools and hospitals on health and chiropractic.

He is a published chiropractic writer and contributing and co-author with Dr. Joseph Mercola in 101 Great Ways to Improve your Health and speaker on the topics of chiropractic and human potentiality.

His passion is chiropractic and the great outdoors.



INTAKE FORM

Date ____/____/____

Name _____ Referred By _____

Address _____ City _____ State _____

Zip _____ Birthday ____/____/____ Marital Status _____ # of Children _____

Telephone _____ - _____ - _____ Spouse's Name _____

Occupation _____ Email _____

= You have experienced any of these in the **PAST**

= You are **CURRENTLY** experiencing these

NMS

- Headaches
- Lights bother eyes
- Jaw Pain / TMJ
- Neck Stiffness
- Neck Pain
- Pins & needles in arms
- Numbness in arms/hands
- Cold hands
- Arthritis
- Mid-back pain
- Scoliosis
- Low-back pain
- Disc herniation
- Pins & needles in legs
- Numbness in legs/feet
- Cold feet
- Ankle swelling
- Paralysis
- Cold sweats
- MS
- Parkinson's

VISCERAL

- Stroke
- Sinus problems
- Allergies
- Excessive thirst
- Thyroid problems
- Chest pain
- Heart disease
- Irregular heartbeat
- Heart attack
- Asthma
- Difficulty breathing
- Lung problems
- Acid reflux / heartburn
- Loss of appetite
- Weight loss
- Upset stomach
- Ulcers
- Liver disease
- Kidney disease
- Diabetes
- Anemia

- Problems urinating
- Painful urinating
- Excessive urination
- Constipation
- Diarrhea
- Colitis
- Irritable bowel
- Hemorrhoids
- Prostate problems
- Infertility
- Fever

FEMALES ONLY

- Pregnancy
- Nursing
- Difficulty getting pregnant
- Miscarriage
- Menstrual pain
- Menstrual irregularity
- Hot flashes
- Problems urinating
- Painful urinating

OTHER

- Cancer
- Loss of sleep
- Oversleeping
- Low energy
- Confusion
- Tension
- Mood swings
- Depression
- Irritability
- Nervousness
- Anxiety

SPECIAL SENSES

- Loss of smell
- Loss of taste
- Loss of hearing
- Blurred vision
- Ringing in ears
- Loss of balance
- Dizziness
- Fainting
- Epilepsy

Other: _____

If the purpose of today's visit is a chiropractic subluxation check-up and you have no current health concerns, please check (✓) here . If not, what is the reason for consulting our clinic?

How long have you had this problem? _____ days weeks months years

What seems to make it better? _____

What seems to make it worse? _____

Is this problem related to: Work injury Auto accident

When did you last see a Chiropractor? ___/___/___ Dr. _____

Were you helped? yes no What spinal maintenance programs were you given to maximize stability of your spine? _____

Did you follow it? yes no If "no", why? _____

Why are you changing Chiropractors? _____

What surgeries have you had? _____

List any drugs that you are currently taking (prescription or over the counter) _____

What is your health philosophy (What should you do to be healthy)? _____

How do you want us to handle your problem? Please "✓"

___ Temporary Relief (Help the symptom but do not correct the cause of the problem)

___ Maximum Correction (Correct the cause of the problem of maximum stability in the future)

If this problem were to go away tomorrow, how would your life be different? _____

What are your favorite hobbies or activities? _____

Are your current health problems affecting these activities or hobbies yes no

What activities are you looking forward to doing in the future? _____

How committed are you to being at your maximum health potential?

Not committed

Most committed

1

2

3

4

5

6

7

8

9

10

Do you travel to another State/Country during the winter months? yes no if "yes" when do you typically leave and then come back? ___/___/___ ___/___/___
Leave Return

The statements made on this form are accurate to the best of my recollection.

Signature _____