

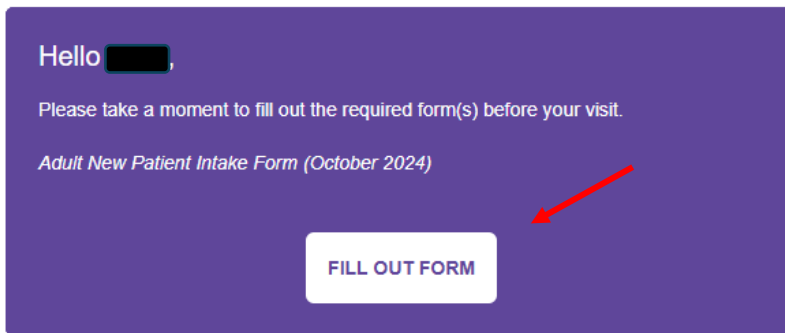
How to Complete the Online New Patient Intake Form

Thank you for choosing Spectra Chiropractic & Wellness! This guide is intended to help you complete our online patient intake form. Please call our office if you need assistance. Strasburg (M/Tu/Th) 701-336-2280 or Herried (W/F) 605-437-2280

If you have received an invitation email from Spectra Chiropractic & Well, it should look like the picture below.

STEP 1

Click on the white button, "Fill Out Form".

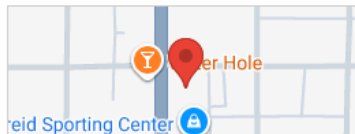


Spectra Chiropractic and Wellness
www.spectrachiro.com

[Spectra Chiropractic and Wellness - Room 4](#) Located at:
307 Main St
Strasburg, ND, 58573
Telephone: 701-336-2280
Email: drvolk@valleytel.net
[Directions & Map](#)



[Herried Spectra Chiropractic and Wellness](#) Located at:
121 N MAIN STREET
Herried, SD, 57632
Telephone: 605 437 2280



How to Complete the Online New Patient Intake Form

STEP 2

You will be redirected to the screen below. If you are completing the form for another person, for example a child using your email address for their profile, their name should appear on the screen. *Please note that if you need to fill out an intake form for someone *other* than who is listed, please contact us.

If the name is correct, click the button at the bottom, “Agree & Continue”.



Profile Information — Step 1 of 4

You are completing the following intake forms: Adult New Patient Intake Form (October 2024)

You are filling out an intake form for

If you need to fill out an intake form for someone other than [REDACTED], such as a family member or child, please contact us.

Your answers will be submitted at the end of each step and may be reviewed by your clinic along the way to support your care. By continuing, you consent to the collection and use of your personal information.

[Agree & Continue](#)

Booking by 

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STEP 3

How to Complete the Online New Patient Intake Form

Enter the requested information by typing your answers in the text boxes. Some fields are required and are indicated as such. The system will not let you advance to the next screen if required fields are left blank.

*Click “Continue” at bottom of screen to save progress if you need to leave and come back to form.

Profile Information — Step 1 of 4

You are completing the following intake forms: Adult New Patient Intake Form (October 2024)

You are filling out an intake form for

[Redacted Name]

Please take a moment to fill out our online intake form before your visit. Please include your MAILING ADDRESS in the Address Field. All information is kept completely confidential.

Only staff members can edit this information on an intake form.

First Name – Required **Last Name – Required**

Email – Required

Preferred Name (if different) ?

Please provide at least one phone number. Your mobile number can be used to look up your Account.

Home Phone – Required ?

US

Name of Referring Professional

Referring Professional Phone (if known) **Referring Professional Email (if known)**

How Did You Hear About Us?

Select an option...

[Continue](#)

Booking by Jane

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STEP 4

How to Complete the Online New Patient Intake Form

Once you have reached the end of the intake form, click “Submit Intake Form” button at the bottom right corner of the screen.

The Risks and Dangers as a Result of Remaining Untreated

Remaining untreated may allow the formation of adhesions and reduce mobility. This may cause a pain reaction further reducing mobility. Over time, this process may complicate treatment and make it more difficult and less effective the longer it is postponed.

I understand that results are not guaranteed.

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures on me by the Doctor of Chiropractic and/or anyone working in this office authorized by the Doctor of Chiropractic.

I further understand that such chiropractic services may be performed by the Doctor of Chiropractic and/or other licensed Doctors of Chiropractic who may treat me now or in the future at this office.

- I agree to the treatment recommended by my Doctor of Chiropractic. I intend this consent form to cover the entire course of treatment for my present condition(s) and for any condition(s) for which I seek treatment at this facility.


Cancellation Policy – Required

A late cancellation or missed visit leaves an empty space that could help another patient needing care. Please contact our office, *before* office closes, the DAY BEFORE your appointment for any cancellations or changes. Patients who do not provide this notice, or miss their appointment, may be charged a \$50.00 cancellation fee.

- I am aware of the Cancellation Policy.

Back

Submit Intake Form



STEP 5

How to Complete the Online New Patient Intake Form

You will receive the following message if all information has been received. Please contact one of our office staff if you have any issues or questions.



Thanks, we've received your info.

Close

Booking by  Jane

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