

NEW PATIENTS



Welcome to Clinix!

Let us help you get the most out of your first visit.

Preparing For Your First Medical Visit:

Before your Visit:

Click to **AND** Out These **PDF** Forms

{rokbox title=|**AGES 0-17 (NEW PATIENT) FORMS** (|rokbox size=|80% 80%|)https://patientlinkonline.com/main/

{rokbox title=|**AGES 18-64 (NEW PATIENT) FORMS** (|rokbox size=|80% 80%|)https://patientlinkonline.com/main/

{rokbox title=|**AGES 65+ (SENIOR NEW PATIENT) FORMS** (|rokbox size=|80% 80%|)https://patientlinkonline.com/main/

PREVENTIVE WELLNESS ASSESSMENT **PLEASE** fill out prior to **Preventive Wellness Visit:**

PARENTS please fill out if your child is a new patient (AGES 0-17):

{rokbox title=|Minor Health Risk Assessment |rokbox size=|80% 80%|}https://patientlinkonline.com/main/

Please Fill out if you are AGE 18-64: (2 online forms)

{rokbox title=|Adult Health & Emotional Health Assessment|rokbox size=|80% 80%|} <https://patientlinkonline.com>

Print & Fill out if you are AGE 65+ OR a Medicare Patient:

{rokbox title=|Senior Health Risk Assessment|rokbox size=|80% 80%|} images/PDF/medicare_health_a

{rokbox title=|Emotional Health Assessment|rokbox size=|80% 80%|} <https://www.patientlinkonline.com>

THANK YOU FOR FILLING OUT BOTH COLUMNS OF FORMS.

Additional Forms Fill if requested by staff or relevant to your visit:

- {rokbox title=|Chiropractic Consent|} https://www.clinixusa.com/images/PDF/chiropractic_informed_consent_form.pdf {/rokbox}
- {rokbox title=|Auto Accident|} /images/PDF/AUTOMOBILE ACCIDENT.pdf {/rokbox}
- {rokbox title=|Workers Compensation|} images/PDF/Workers Compensation Questionnaire.pdf {/rokbox}

At Your Visit:

- **Bring printed & completed forms**
- **Bring photo ID and Insurance card**
- **Bring a list of current medications**
- **Bring any questions for your provider**
- **Bring a list of specialists that you currently see**

[Additional Forms](#)

Please fill out upon request