



## Patient Forms

Please print and fill out the following forms **ONLY** if requested by your provider or **CLINIX** staff

### Preventive Wellness Visit Forms

{rokbox title=|ADULT Preventive Wellness Assessment|rokbox size=|80% 80%|}https://patientlinkonline.com/mainform.aspx?parms=edZs2%2b0H44Q1d7Z8E%2bglwbRAvspV9dvWb%2fwuV%2fw8W5P57FmTcgT4UDcZbtQLUt5FwB04Ew%2f64SJV0nuaF%2bHi7JPDam0NP8PCFsIsWgSi6ov%2ftZJWRng%2fH3LkdcEP0XhcgfOFXtLFQ2dgPTUdPKyRTQ3eodHA4Y6%2fBYHD1iOjUxcl29piJJ3u7Y7hg5H9G%2fy{/rokbox}

{rokbox title=|PEDIATRIC Preventive Wellness Assessment |rokbox size=|80% 80%|}https://patientlinkonline.com/mainform.aspx?parms=edZs2%2b0H44Q1d7Z8E%2bglwbRAvspV9dvWb%2fwuV%2fw8W5P57FmTcgT4UDcZbtQLUt5FwB04Ew%2f64SJV0nuaF%2bHi7Pxyhm32njqVJNOiHScjS%2fh%2b1Xn%2fMZQcpncAnZtAYkWowTjCQZ8wA%2bAKWnzZplXpT%2flbelrKPR44cH1DV1aRb%2b8%3d{/rokbox}

MEDICARE PATIENTS: {rokbox title=|MEDICARE Preventive Wellness Assessment (ONLY MEDICARE PATIENTS) |rokbox size=|80% 80%|}  
[https://www.clinixusa.com/images/PDF/Medicare\\_health\\_assessment\\_updated.pdf](https://www.clinixusa.com/images/PDF/Medicare_health_assessment_updated.pdf){/rokbox}

### Medical Record Release

{rokbox title=|ADULT Medical Records Release Consent Form (from other provider to Clinix)|rokbox size=|80% 80%|}https://www.clinixusa.com/images/PDF/medical records release consent form-adult.pdf{/rokbox}

{rokbox title=|MINOR Medical Records Release Consent Form (from other provider to Clinix)|rokbox size=|80% 80%|}https://www.clinixusa.com/images/PDF/medical records release consent form-minors.pdf{/rokbox}

{rokbox title=|SENIOR Medical Records Release Consent Form (from other provider to Clinix)|rokbox size=|80% 80%|}https://www.clinixusa.com/images/PDF/medical records release consent form-senior.pdf{/rokbox}

{rokbox title=|Medical Records Release Consent Form (from Clinix to another provider)|rokbox size=|80% 80%|} images/PDF/medical records release consent form from other provider to clinix.pdf {/rokbox}

### **Additional Consent Forms**

{rokbox title=|Minor/Child Consent Form|rokbox size=|80% 80%|}images/PDF/minorconsentform.pdf{/rokbox}

### **Injury Forms**

{rokbox title=|Auto Accident Questionnaire|rokbox size=|80% 80%|} /images/PDF/AUTOMOBILE ACCIDENT.pdf {/rokbox}

{rokbox title=|Workers Compensation Form|rokbox size=|80% 80%|} /images/PDF/Workers Compensation Questionnaire.pdf {/rokbox}

{rokbox title=|Neck & Back Index Form|rokbox size=|80% 80%|}/images/PDF/neck%20and%20back%20index.pdf {/rokbox}

### **Additional Chiropractic Forms- ONLY FILL OUT IF REQUESTED BY A**

## PROVIDER

{rokbox title=|Informed Chiropractic Consent Form|rokbox size=|80% 80%|}  
images/PDF/chiropractic\_informed\_consent\_form.pdf{/rokbox}

{rokbox title=|Chiropractic Health Questionnaire|rokbox size=|80% 80%|}  
images/PDF/acn\_patient\_health\_questionnaire.pdf {/rokbox}

### Dr Elhard Forms

{rokbox title=|Metabolic Assessment Form|rokbox size=|80% 80%|}  
images/PDF/metabolic\_assessment\_form.pdf {/rokbox}

{rokbox title=|3 Day Food Record|rokbox size=|80% 80%|}  
images/PDF/3\_day\_food\_record.doc {/rokbox}

## NEW PATIENT FORMS

[CLICK HERE for New Patient Forms](#)