

Healthsource Chiropractic ~ Dr. Melissa Loidolt DC

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INFORMATION & HISTORY

Cat's Name: _____ Owner's Name _____

Breed: _____ Age: _____ Gender: _____

Color: _____ Markings: _____

Is cat presently under veterinary care: No _____ Yes _____

What is the veterinarian's name and phone number? _____

What is your cat's current level of activity? _____

If the cat is currently being seen for any specific conditions, please describe: _____

Current medications: _____

Is the cat currently being seen by any other health care professional? If so, please list: _____

Is your cat up to date on vaccinations? _____

Is your cat currently on any supplements? If so, please list: _____

Please list any past injuries, significant illness, or surgeries: _____

Please describe current problem or reason for seeking chiropractic care: _____

What goals do you hope to achieve through chiropractic care? _____