

## New Patient Information

<u>PATIENT INFORMATION</u>	SPOUSE OR RELATIVE INFORMATION
First Name: M.l.:	Marital Status: ☐ Married ☐ Single ☐ Separated
Last Name:	
Address:	Spouse First Name:
City: State: Zip:	
Sex: M F Age: Birthdate:/	
SS#: Number of Children:	
Home Phone: ()	RetiredNot EmployedStudent
Cell Phone: (	Spouse Work Phone: ()
Email:	Spouse Cell Phone: (
	35043C CCH 1 Horic. (
FAADLOVAAFAIT STATUS	FRAFRICING CONTACT INFORMATION
EMPLOYMENT STATUS	EMERGENCY CONTACT INFORMATION
Employer:	Emergency Contact Rhanes (
Job:	
Employer Address:	
Employer City:State:Zip:	OTHER INFORMATION
Employer Phone: ()	Have you been to a chiropractor before? $\square$ Yes $\square$ No
Employment Status:F/TP/TSelf Employed	How did you hear about us?
RetiredNot EmployedStudent	, , ,
	Due Date:/
DDIMARY INCLIDANCE INCORMATION	<u> </u>
PRIMARY INSURANCE INFORMATION	SECONDARY INSURANCE INFORMATION
Insurance Company:	
Subscriber:	Subscriber:
Relationship to Patient:	Relationship to Patient:
Policy Number:	
Group Number:	Group Number:
Person Responsible for Payment:	Person Responsible for Payment:
Deductible: Amount Met This Year:	Deductible:Amount Met This Year:
Co-pay:	Co-pay:
*If the patient will be using insurance benefits, please sign and date	the form below.
INICLIDANICE ACCIA	CARACAIT AND DELEACE
	GNMENT AND RELEASE
I, the undersigned, certify that I (or my dependent) have insura	nce coverage withand assign directly therwise payable to me for services rendered. I understand that I am
• •	surance. I hereby authorize the doctor(s) to release all information
necessary to secure the payment of benefits. I authorize the us	
necessary to seed the payment of senement authorize the as	e of this signature of an insurance submissions.
Responsible Party Signature	Date
Lucasiant that an impact of each cate of the Principle Co. 1	de ef en behelfte Minnek ere Chinese ette U.C.
I request that payment of authorized Medicare benefits be ma	DO OF THE POPULETA WILDHOUSEA FULL OF STATE OF THE STATE
·	,
furnished to me. I authorize any holder of medical information	about me to the Health Care Financing Administration and its
·	about me to the Health Care Financing Administration and its
furnished to me. I authorize any holder of medical information	about me to the Health Care Financing Administration and its
furnished to me. I authorize any holder of medical information	about me to the Health Care Financing Administration and its

	<b>PATIENT COI</b>	<u>NDITION</u>		(F)		
Reason for Visit:				) (		
When did your symptoms start?						
Rate the severity of pain from 1 (least pain) to 10 (severe pain)			)		) ) /   ( ( \	
Mark an "X" on the picture where you notice the discomfort.				/~/\ , \\~\	/,/	
Type of Pain (circle): Dull Aching Sharp Throbbing Shooting Numbness						
Weakness Tingling Cramps Stiffness Soreness Other						
Does the pain radiate into the arms and/or legs?						
How often is the discomfort? Occasional Intermittent Frequent Constant						
What aggravates the pain?						
What alleviates the pain?						
Is there a time of day that is better for the pain? Worse?						
		' <u></u>	HISTORY			
·	•	•			chiropractic None Other	
Please list Primary Care F	-					
Have you had any previo						
Please list date of last: P	hysical Exam: _	/Spi	inal Exam:/	/ Spin	al X-Ray://	
N	1RI:/	/ CT-	scan://_	Bone	e Scan:/	
PLEASE LIST ALL ACCII	DENTS, INJURIE	S, FRACTURES, HOSPI	ITALIZATIONS & SU	RGERIES. IF NON	NE PLEASE WRITE: NONE	
Accidents, Injuries, Fract	ures (Dates):					
Hospitalizations, Surgeri	es (Dates):					
,						
MEDICATIONS (	JSED	ALLE	RGIES	VITAM	INS/HERBS/MINERALS	
MEDICATIONS U	JSED_				INS/HERBS/MINERALS	
MEDICATIONS U	JSED	Medication:			INS/HERBS/MINERALS	
MEDICATIONS U	JSED				INS/HERBS/MINERALS	
MEDICATIONS (	JSED ————————————————————————————————————	Medication:			INS/HERBS/MINERALS	
MEDICATIONS (	JSED	Medication:			INS/HERBS/MINERALS	
MEDICATIONS U		Medication: Environment: Food:			INS/HERBS/MINERALS	
		Medication: Environment: Food:	ASE CHECK "YES" OR	"NO"		
AnemiaYesI	<u>RI</u> No Eating D	Medication: Environment: Food:  EVIEW OF SYSTEMS. PLE. isorderYesNo	ASE CHECK "YES" OR Liver Disease	"NO" _YesNo Psy	vchiatric CareYesNo	
	RI No Eating D	Medication: Environment: Food:  EVIEW OF SYSTEMS. PLE isorderYesNo emaYesNo	ASE CHECK "YES" OR Liver Disease	"NO" _YesNo		
AnemiaYesI AppendicitisYesI ArthritisYesI AsthmaYesI	RI No Eating D No Emphyso No Epilepsy No Glaucom	Medication: Environment: Food:  EVIEW OF SYSTEMS. PLE isorderYesNo emaYesNoYesNo	ASE CHECK "YES" OR Liver Disease Lou Gehrig's Measles/Mumps	"NO" _YesNo	rchiatric CareYesNo eumatoidYesNo Arthritis	
AnemiaYesI AppendicitisYesI ArthritisYesI AsthmaYesI Blood DisorderYesI	No Eating D No Emphyse No Epilepsy No Glaucom No Heart Di	Medication: Environment: Food: Food:  EVIEW OF SYSTEMS. PLE isorderYesNo emaYesNoYesNo naYesNo seaseYesNo	ASE CHECK "YES" OR Liver Disease Lou Gehrig's Measles/Mumps Migraines Mononucleosis	"NO"  _YesNo	vchiatric CareYesNo eumatoidYesNo Arthritis OsYesNo okeYesNo	
AnemiaYesI AppendicitisYesI ArthritisYesI AsthmaYesI Blood DisorderYesI Breast LumpYesI	No Eating D No Emphysical Emphysical Epilepsy No Glaucom No Heart Di No Hernia	Medication: Environment: Food:  Eview of Systems. Pleading and a control of the c	ASE CHECK "YES" OR Liver Disease Lou Gehrig's Measles/Mumps Migraines Mononucleosis Multiple Sclerosis	"NO"  _YesNo	vchiatric CareYesNo eumatoidYesNo Arthritis OsYesNo okeYesNo nsillitisYesNo	
AnemiaYesI AppendicitisYesI ArthritisYesI AsthmaYesI Blood DisorderYesI Breast LumpYesI BronchitisYesI	RI No Eating D No Emphysion No Epilepsy No Glaucom No Heart Di No Hernia	Medication: Environment: Food: Food:  EVIEW OF SYSTEMS. PLE isorderYesNo emaYesNoYesNo seaseYesNoYesNo ed DiscYesNo	ASE CHECK "YES" OR Liver Disease Lou Gehrig's Measles/Mumps Migraines Mononucleosis Multiple Sclerosis Osteoporosis	"NO"  _YesNo	vchiatric CareYesNo eumatoidYesNo Arthritis OsYesNo okeYesNo osillitisYesNo oerculosisYesNo	
Anemia Yes I Appendicitis Yes I Arthritis Yes I Asthma Yes I Blood Disorder Yes I Breast Lump Yes I Bronchitis Yes I Cancer Yes I	RI No Eating D No Emphysi No Epilepsy No Glaucon No Heart Di No Hernia No Herniate No High Blo	Environment:  Food:  Eview OF Systems. PlexisorderYesNo emaYesNo aYesNo seaseYesNo yesNo ed DiscYesNo odYesNo	ASE CHECK "YES" OR Liver Disease Lou Gehrig's Measles/Mumps Migraines Mononucleosis Multiple Sclerosis Osteoporosis Pacemaker	"NO"  YesNo	vchiatric CareYesNo eumatoidYesNo Arthritis OsYesNo okeYesNo nsillitisYesNo perculosisYesNo mors/YesNo	
AnemiaYesI AppendicitisYesI ArthritisYesI AsthmaYesI Blood DisorderYesI Breast LumpYesI BronchitisYesI CancerYesI CataractsYesI	RIO Eating D NO Emphyso NO Epilepsy NO Glaucom NO Heart Di NO Hernia NO Herniate NO High Blo	Medication: Environment: Food: Food:  EVIEW OF SYSTEMS. PLE isorderYesNo emaYesNoYesNo seaseYesNoYesNo ed DiscYesNo	ASE CHECK "YES" OR Liver Disease Lou Gehrig's Measles/Mumps Migraines Mononucleosis Multiple Sclerosis Osteoporosis Pacemaker Parkinson's	"NO"  YesNo	vchiatric CareYesNo eumatoidYesNo Arthritis OsYesNo okeYesNo osillitisYesNo oerculosisYesNo	
AnemiaYesI AppendicitisYesI ArthritisYesI AsthmaYesI Blood DisorderYesI Breast LumpYesI BronchitisYesI CancerYesI CataractsYesI	RIO Eating D NO Emphyso NO Epilepsy NO Glaucom NO Heart Di NO Hernia NO Herniate NO High Blo	Medication: Environment: Food: Food: Seview OF SYSTEMS. PLE isorderYesNo emaYesNo emaYesNo eseaseYesNo ed DiscYesNo essure olesterolYesNo	ASE CHECK "YES" OR Liver Disease Lou Gehrig's Measles/Mumps Migraines Mononucleosis Multiple Sclerosis Osteoporosis Pacemaker Parkinson's Pneumonia	"NO"  YesNo	rchiatric CareYesNo eumatoidYesNo Arthritis  OsYesNo okeYesNo nsillitisYesNo mors/YesNo Growths eersYesNo nooping	
AnemiaYes! AppendicitisYes! ArthritisYes! AsthmaYes! Blood DisorderYes! Breast LumpYes! BronchitisYes! CancerYes! CataractsYes! ChemicalYes! Dependency Chicken PoxYes!	No Eating D No Emphysic No Epilepsy No Glaucom No Heart Di No Hernia No Herniate No High Blo No Pre No High Cho Hyperth No Hypothy	Medication: Environment: Food: Food: Food: YesNo	ASE CHECK "YES" OR Liver Disease Lou Gehrig's Measles/Mumps Migraines Mononucleosis Multiple Sclerosis Osteoporosis Pacemaker Parkinson's Pneumonia Polio Prostate	"NO"  YesNo	vchiatric CareYesNo eumatoidYesNo Arthritis  OsYesNo okeYesNo osillitisYesNo oerculosisYesNo mors/YesNo Growths eersYesNo nooping CoughYesNo	
AnemiaYes! AppendicitisYes! ArthritisYes! AsthmaYes! Blood DisorderYes! Breast LumpYes! BronchitisYes! CancerYes! CataractsYes! ChemicalYes! Dependency	No Eating D No Emphysic No Epilepsy No Glaucom No Heart Di No Hernia No Herniate No High Blo No Pre No High Cho Hyperth No Hypothy	Medication: Environment: Food: Food: Food: YesNo	ASE CHECK "YES" OR Liver Disease Lou Gehrig's Measles/Mumps Migraines Mononucleosis Multiple Sclerosis Osteoporosis Pacemaker Parkinson's Pneumonia Polio	"NO"  YesNo	rchiatric CareYesNo eumatoidYesNo Arthritis  OsYesNo okeYesNo nsillitisYesNo mors/YesNo Growths eersYesNo nooping	
Anemia Yes I Appendicitis Yes I Arthritis Yes I Asthma Yes I Blood Disorder Yes I Breast Lump Yes I Bronchitis Yes I Cancer Yes I Cataracts Yes I Chemical Yes I Dependency Chicken Pox Yes I	RI No Eating D No Emphysion No Epilepsy No Glaucon No Heart Di No Hernia No Herniate No High Blo No Pre No High Cho Hyperth No Hypothy No Kidney E	Medication: Environment: Food: Food: Eview Of Systems. Pleading of the process of	ASE CHECK "YES" OR Liver Disease Lou Gehrig's Measles/Mumps Migraines Mononucleosis Multiple Sclerosis Osteoporosis Pacemaker Parkinson's Pneumonia Polio Prostate Problems	"NO"  YesNoPsy YesNoSTI YesNoStr YesNoToi YesNoTui YesNoTui YesNoTui YesNoTui YesNoUlo YesNoWh YesNoWh YesNoOt	vchiatric CareYesNo eumatoidYesNo Arthritis OsYesNo okeYesNo nsillitisYesNo mors/YesNo Growths eersYesNo nooping CoughYesNo her	
Anemia Yes Appendicitis Yes Arthritis Yes Blood Disorder Yes Breast Lump Yes Bronchitis Yes Cancer Yes Cataracts Yes Chemical Yes Dependency Chicken Pox Yes FAMILY HISTORY. MARK	No Eating D No Emphysical Emphysi	Medication: Environment: Food: Food: Eview Of Systems. Pleading of the process of	ASE CHECK "YES" OR Liver Disease Lou Gehrig's Measles/Mumps Migraines Mononucleosis Multiple Sclerosis Osteoporosis Pacemaker Parkinson's Pneumonia Polio Prostate Problems	"NO"  Yes No Psy Yes No STE Yes No Str Yes No Tol Yes No Tul Yes No Tul Yes No Ulc Yes No Wh Yes No Ot	rchiatric CareYesNo eumatoidYesNo Arthritis  DsYesNo okeYesNo nsillitisYesNo derculosisYesNo Growths eersYesNo nooping CoughYesNo her	
Anemia Yes Appendicitis Yes Arthritis Yes Blood Disorder Yes Breast Lump Yes Bronchitis Yes Cancer Yes Cataracts Yes Chemical Yes Dependency Chicken Pox Yes FAMILY HISTORY. MARK	No Eating D No Emphyso No Epilepsy No Glaucom No Heart Di No Hernia No Herniate No High Blo No Pre No High Cho Hyperth No Hypothy No Kidney E	Medication: Environment: Food:	ASE CHECK "YES" OR Liver Disease Lou Gehrig's Measles/Mumps Migraines Mononucleosis Multiple Sclerosis Osteoporosis Pacemaker Parkinson's Pneumonia Polio Prostate Problems	"NO"  YesNo	vchiatric CareYesNo eumatoidYesNo Arthritis OsYesNo okeYesNo nsillitisYesNo mors/YesNo Growths eersYesNo nooping CoughYesNo her	
AnemiaYes! AppendicitisYes! ArthritisYes! AsthmaYes! Blood DisorderYes! Breast LumpYes! BronchitisYes! CancerYes! CataractsYes! ChemicalYes! Dependency Chicken PoxYes! DiabetesYes!  FAMILY HISTORY. MARK Alzheimer'sP! ArthritisP! CholesterolP!	No Eating D No Emphysic Emphysic Epilepsy No Glaucom No Heart Di No Hernia No Herniate No High Blo No Pre No High Cho Hyperth No Hypothy No Kidney D "P" FOR PARENT G Hyperte G Osteopo	Medication: Environment: Food:	ASE CHECK "YES" OR Liver Disease Lou Gehrig's Measles/Mumps Migraines Mononucleosis Multiple Sclerosis Osteoporosis Pacemaker Parkinson's Pneumonia Polio Prostate Problems  SOCIAL F Caffeine/Coffee I	"NO"  YesNo	rchiatric CareYesNo eumatoidYesNo Arthritis  DsYesNo okeYesNo nsillitisYesNo perculosisYesNo Growths eersYesNo nooping     CoughYesNo her CHECK WHAT APPLIESOccasionallyNever	
AnemiaYes! AppendicitisYes! ArthritisYes! AsthmaYes! Blood DisorderYes! Breast LumpYes! BronchitisYes! CancerYes! CataractsYes! ChemicalYes! Dependency Chicken PoxYes! DiabetesYes! FAMILY HISTORY. MARK Alzheimer'sP! ArthritisP! CholesterolP! CancerP!	RI No Eating D No Emphyse No Epilepsy No Glaucom No Heart Di No Hernia No Herniate No High Blo No Pre No High Che Hyperth No Kidney E "P" FOR PARENT S Heart Pr S Hyperte Osteopo	Medication: Environment: Food:	ASE CHECK "YES" OR Liver Disease Lou Gehrig's Measles/Mumps Migraines Mononucleosis Multiple Sclerosis Osteoporosis Pacemaker Parkinson's Pneumonia Polio Prostate Problems  SOCIAL F Caffeine/Coffee U	"NO"  YesNo	cchiatric CareYesNo eumatoidYesNo Arthritis  OsYesNo okeYesNo oserculosisYesNo oserculosisYesNo Growths eersYesNo nooping     CoughYesNo her  CHECK WHAT APPLIES    OccasionallyNever    WeeklyNever    OccasionallyNever    OccasionallyNever	
AnemiaYes! AppendicitisYes! ArthritisYes! AsthmaYes! Blood DisorderYes! Breast LumpYes! BronchitisYes! CancerYes! CataractsYes! ChemicalYes! Dependency Chicken PoxYes! DiabetesYes!  FAMILY HISTORY. MARK Alzheimer'sP! ArthritisP! CholesterolP!	RI No Eating D No Emphysion No Epilepsy No Glaucon No Heart Di No Hernia No Herniate No High Blo No Pre No High Cho Hyperth No Hypothy No Kidney D  "P" FOR PARENT S Heart Pr S Hyperte S Osteopo S Psychiat S Stroke	Medication: Environment: Food:	ASE CHECK "YES" OR Liver Disease Lou Gehrig's Measles/Mumps Migraines Mononucleosis Multiple Sclerosis Osteoporosis Pacemaker Parkinson's Pneumonia Polio Prostate Problems  SOCIAL F Caffeine/Coffee to Drink Alcohol Exercise	"NO"	rchiatric CareYesNo eumatoidYesNo Arthritis  OsYesNo okeYesNo osillitisYesNo oerculosisYesNo Growths ersYesNo nooping     CoughYesNo her  CHECK WHAT APPLIES    OccasionallyNever    OccasionallyNever    WeeklyNever	