



DATE: _____

PATIENT INFORMATION

Name: _____
 (LAST) (MI) (FIRST)

Address _____
 (STREET) (CITY) (STATE) (ZIP)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

DOB: ____ / ____ / ____ Soc. Sec#: ____ - ____ - ____

Drive's License #: _____ State: _____

Marital Status: S M W P Spouse's Name: _____

Employer: _____ Occupation: _____

Employer Address: _____
 (STREET) (CITY) (STATE) (ZIP)

Referred By: _____

INSURANCE INFORMATION

Insurance Type: Health Personal Pay PI/Auto Worker's Comp Medicare

Insurance Name: _____

Member #: _____ Group #: _____

Insurer's Name (If Different From Patient): _____

Insurer's DOB: ____ / ____ / ____ Insurer's Soc. Sec #: ____ - ____ - ____

Insurer's Employer: _____

Person responsible for account: _____

I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable.

Patient/Guardian Signature: _____ Date: _____



Patient Name: _____

IMPORTANT: Please place and X next to all present symptoms:

HEAD

- Headache
Sinus (Allergy)
Entire Head
Back of Head
Fore Head
Temples
Migraine
Head Feels Heavy
Loss of Memory
Light Headedness
Fainting
Light Bothers Eyes
Blurred Vision
Double Vision
Loss of Vision
Loss of Taste
Loss of Balance
Dizziness
Loss of Hearing
Pain in Ears
Ringing in Ears
Bussing in Ears

NECK

- Pain in Neck
Neck Pain w/Movement
Forward (Flexion)
Backward (Extension)
Turning to Left
Turning to Right
Bending to Left
Bending to Right
Pinched Nerve in Neck
Neck Feels Out of Place
Muscle Spasms in Neck
Grinding Sounds in Neck
Popping Sounds in Neck
Arthritis in Neck

SHOULDER

- Pain in Shoulder Joints (L - R)
Pain Across Shoulders
Bursitis (L - R)
Arthritis (L - R)
Tension in Shoulders
Muscle Spasms
Difficulty Raising Arms (L - R)
Above Shoulder
Over Head

ARMS & HAND

- Pain in Upper Arm (L - R)
Pain in Elbow (L - R)
Tennis Elbow
Pain in Forearm (L - R)
Pain in Hand (L - R)
Pain in Fingers (L - R)
Pins & Needles Sensation
Arms (L - R)
Fingers (L - R)

CON'T ARMS & HAND

- Numbness
Arms (L - R)
Fingers (L - R)
Finger "Fall Asleep" (L - R)
Hand Cold (L - R)
Swollen Joints
Hand (L - R)
Fingers (L - R)
Sore Joints
Hand (L - R)
Wrist (L - R)
Fingers (L - R)
Arthritis (L - R)
Loss of Grip Strength (L - R)

UPPER/MID BACK

- Mid-Back Pain
Location _____
Pain Between Shoulder Blades
Sharp Stabbing Pain
Dull Ache
Pain From Front to Back
Muscle Spasms
Pain in Kidney Area

CHEST

- Chest Pain
Shortness of Breath
Pain Around Ribs
Breast Pain
Dimpled or Orange Peel Breast
Irregular Heartbeat

ABDOMEN

- Nervous Stomach
Food Unable to Eat _____
Nausea
Gas
Constipation
Hemorrhoids

LOW-BACK

- Low Back Pain
Upper Lumbar
Lower Lumbar
Sacroiliac
Low Back Pain is Worse When:
Working
Lifting
Stooping
Standing
Sitting
Bending
Flexion (Forward)
Extension (Backward)
Lat. Flexion (Sideways)
Coughing
Lying Down (Sleeping)
Walking

CON'T LOW-BACK

- Pain Relieves When _____
Slipped Disc (Herniated)
Lower Back Feels Out of Place
Muscle Spasms
Arthritis

HIP, LEGS, & FEET

- Pain in Buttocks (L - R)
Pain in Hip joint (L - R)
Pain Down Leg (L - R)
Knee Pain
Inside (Medial)
Outside (Lateral)
Leg Cramps (L - R)
Pins & Needles Sensation
Leg (L - R)
Feet (L - R)
Toes (L - R)
Numbness
Leg (L - R)
Feet (L - R)
Toes (L - R)
Feet Feel Cold
Swollen Ankles

WOMEN ONLY

- Menstrual Pain _____ Location
Cramping
Irregularity
Cycle _____ # Days
Birth Control _____ Type
Hysterectomy
Genital Cancer
Discharge
Color _____
Tumors
Abortions _____ #
Menopause
Miscarriage _____ #

MEN ONLY

- Urinary Frequency _____ #
Difficulty in Starting
Night Urination _____ #
Prostate Pain/Swelling

GENERAL

- Nervousness
Irritable
Depressed
Fatigue
Feeling Run Down
Tea/ Coffee _____ # cups per day
Cigarettes _____ # packs per day
Alcohol _____ # drinks per week
Diabetes
Hypoglycemia
Hours of Sleep _____
Weight Loss or Weight Gain _____
Exercise _____ times per week

