

New Patient Intake Form

How did you hear about this office? _____

Name: _____ SS#: _____ DOB: _____ Age: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Work Phone: _____ Work Status: *FT • PT • Ret • Not* Sex: *M-F* Marital Status: *S-M-D-W*

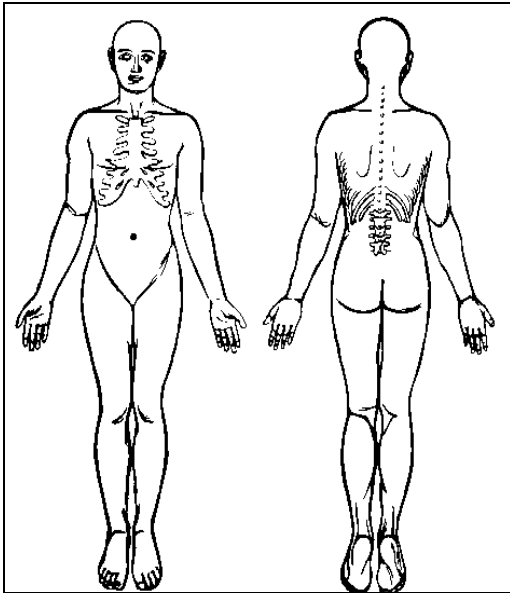
Occupation: _____ Employer: _____ Job Stress: *High-Moderate-Low*

Sports and Hobbies: _____

Family Doctor and/or Group Name & Location: _____

Please indicate the area and nature of your complaint(s) on the diagram below:

S = Sharp, D = Dull, P = Pins and Needles, N = Numb, B = Burning, T = Throbbing, C = Cramping



Please describe your complaint(s): _____

Indicate the *current* pain level of each complaint on the scale below:

(No Pain) 0---1---2---3---4---5---6---7---8---9---10 (Unbearable)

Is it *constant* or does it *come and go*? _____

Is it getting progressively worse? _____

When does it hurt the most? _____

When did you first notice this problem? _____

What activity were you performing? _____

What makes it feel better? _____

What makes it feel worse? _____

Prior treatment(s) for this condition: None Medication Physical Therapy Surgery Other

Have you been under chiropractic care in the past? Yes No Name: _____

List all medications you are currently taking: _____

List all hospitalizations and surgeries: _____

List all falls, accidents and traumas: _____

By signing below:

- You attest that the above information is true and accurate to the best of your knowledge.
- You attest that a copy of the *Notice of Privacy Practices* has been provided (upon request).
- You authorize payment of your medical benefits to this office for services rendered to you.
- You authorize the release of any information that is necessary to process an insurance claim.
- You acknowledge that in the event of insurance non-payment, financial responsibility is ultimately yours.
- You acknowledge repeatedly missing appointments (no shows or late cancellations) will be subject to a \$25 FEE.

Signature: _____ Date: _____