

ONONDAGA HILL CHIROPRACTIC, PLLC

NEW PATIENT FORM

Last name _____ First Name _____ Initial _____

Address _____ Zip Code _____

Social Security # _____ [] Male [] Female Email _____

Date of Birth _____ Age _____ Height _____ Weight _____ Smoker Y N

Marital Status [] S [] M [] D [] W [] other Spouse Name _____

No. of Children ____ Ages of children _____

Home Telephone # () _____ Cell # () _____

Employer _____

Address _____ City _____ State _____ Zip _____

Work # () _____ Occupation _____

Whom may we thank for referring you here? _____

INSURANCE INFORMATION:

Insurance Co. _____ ID# _____ Group _____

Subscriber _____ Relationship to patient _____

CURRENT INFORMATION

Describe your symptoms in detail _____

How and when did problem start _____

Have you had a similar condition before? _____ If so, when and name of Dr. _____

Is condition due to an accident? [] Yes [] No Date _____

Type of accident [] Auto [] Work [] Home [] Other

A report of my accident has been given to [] Auto Ins. [] Employer [] W/C [] Other

Current medications _____

Allergies _____

Rate your pain on a scale from 1 (least pain) to 10 (severe pain) _____

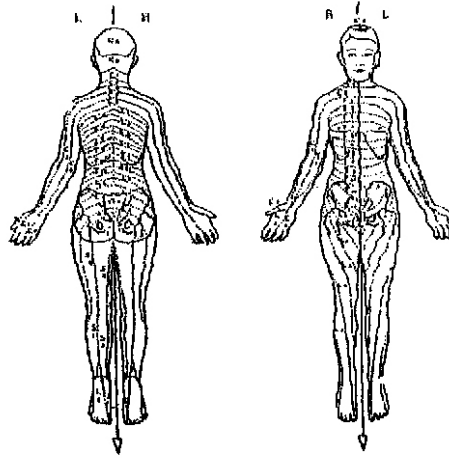
Type of Pain: sharp Dull Achy numbness Burning throbbing
 Deep stiff tingling localized other

Severity: 1. Mild Moderate Severe
2. Improving Persistent Worsening
3. occasional Frequent Constant

Condition improves with: rest meds. heat ice stretching standing sitting other
Condition is aggravated by: rest bending twisting general movements standing sitting
 coughing/sneezing other

Radiating/Does pain radiate? yes no

Indicate symptoms with an X



Past Health History: _____

Significant injuries _____

When: Please describe _____

HEALTH CONDITIONS: Please check any that apply and explain in appropriate area.

Constitutional:

Fever Chronic Fatigue Syndrome Developmental problems Nutritional problems

Explain _____

Neurological:

Seizure Confusion Tremors Significant memory loss Swallowing difficulties
 Difficulties with speech

Explain _____

Cardiovascular:

Sharp chest pain Murmur Shortness of breath Palpitations

Explain _____

Lymphatic: Pain in lymph nodes in: Arm pit groin other areas _____

Explain _____

Integumentary (Skin):

Color change Lesions Skin cancer Rash Lumps Other _____