Confidential Patient Information

Name:_____ Phone #:_____

Address:_____ City:_____ St:_____ Zip:_____

Date of Birth:_____ Age:_____ Marital Status (circle one) M S D W

E-mail Address:_____

Occupation:_____ Employer:_____

Name of Spouse:_____ #of Children:_____

How did you hear about our office? ____ Google ____ Yelp ____ Perfect Patients ____ Other:_____

Have you ever had Chiropractic care before? _____Yes _____No Date:_____

Is this injury/illness related to an Automobile Accident? _____Yes _____No

Date/Time:_____ Location:_____

Your Auto Insurance Co:_____ Phone #:_____

Other Drivers Auto Insurance Co:_____ Phone #:_____

Do you have Health Insurance? _____Yes _____No

Primary Ins Co:_____Phone #:_____

Insured's Name:_____ Insured's Date of Birth:_____

All charges are due when services are rendered …

Method of Payment: ____Check ____Cash ____Credit Card ____Care Credit

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Why Chiropractic? People go to Chiropractors for a variety of reasons. Some go for symptomatic relief of pain or discomfort (Relief Care). Others are interested in having the cause of the problem as well as the symptoms corrected and relieved (Corrective Care). Your doctor will weigh you needs and desires when recommending your treatment program. **Please circle the type of care that best meets your needs.**

Relief Care
Relief Care is that care necessary to get rid of your symptoms or pain, but not the cause of it. It is the same as drying a floor that was getting wet from a leak, but not fixing the leak.

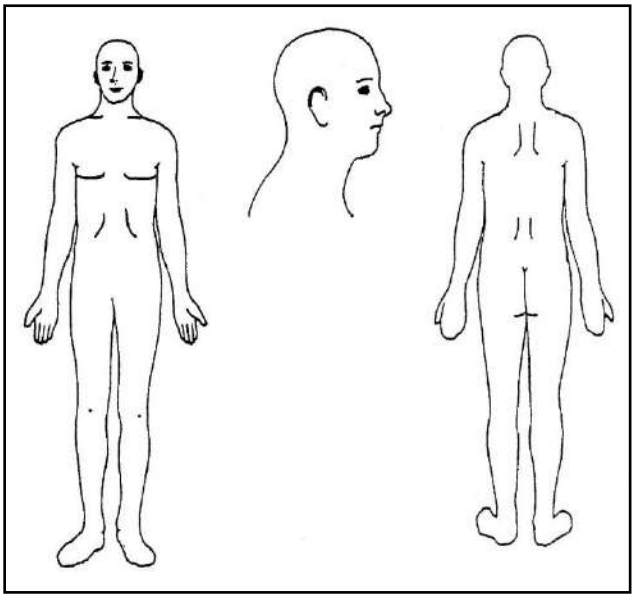
Corrective Care
Corrective Care differs from relief care in that its goal is to get rid of the symptoms or pain while correcting the cause of the problem. Corrective care varies in length of time, but is longer lasting.

I authorize Discover Chiropractic to render necessary services to me and understand that I am responsible for all charges incurred.

Patient Signature:_____ Date:_____

Parent or Legal Guardian Authorizing Care:_____

PLEASE MARK THE DIAGRAM BELOW WITH YOUR PROBLEM AREAS.



What hurts and how long has it hurt?

1. _____
2. _____
3. _____
4. _____

When do you think these problems originally started?

1. _____
2. _____
3. _____
4. _____

List other Chiropractic or Medical Doctors you have consulted for these conditions.

1. _____
2. _____
3. _____
4. _____

Check any of the following you have had in the past 6 months:

( ) Headaches
( ) Sinus Congestión/ Allergies
( ) Vision Problems
( ) Ear Aches
( ) Dizziness
( ) Heart Problems
( ) Lung Problems/ Congestion
( ) Blood Pressure Problems
( ) Ankle Swelling
( ) Prostate/Sexual Dysfunction
( ) Menstrual Cycle Dysfunction
( ) Numbness
( ) Frequent Nausea/ Vomitting
( ) Abdominal Cramps
( ) Constipation
( ) Diarrhea
( ) Poor/Excessive Appetite
( ) Excessive Thirst
( ) Painful/Excessive Urine
( ) Discolored Urine
( ) Diabetes
( ) Cancer

Are you pregnant? ( ) Yes ( ) No ( ) Not Sure