

PERSONAL HISTORY

Date:_____ Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Home Phone#:_____ Work or Cell #:_____

Work/Employer:_____ Type of Work:_____

E-mail Address: _____

Birthdate:_____ Age:_____ Sex: M F

Check One: Married Single Widowed Divorced Separated

Number of Children:_____

Name of Emergency Contact:_____ Phone #:_____

Insurance Information

Primary Insurance:_____ ID#:_____

Subscriber:_____ Subscriber's Employer:_____

Secondary Insurance:_____ ID#:_____

Subscriber:_____ Subscriber's Employer:_____

If you have insurance we will assist you in making collection from your insurance by billing them directly. You will need to pay any applicable deductible or co-payment on a current basis as well as any unpaid balance.

Direct Assignment of Benefits: I hereby assign direct payment to the Doctor of medical benefits to which I am entitled. This is a direct assignment of my rights and benefits under this policy. I authorize release of any medical records necessary to secure payment.

Patient's Signature_____ Date_____

Guardian's Signature (if minor)_____ Date_____

The following lists a variety of conditions patients may experience. Please read through the list and check the box next to each condition that applies to you.

Pain in Body

- Difficulty swallowing
- Pain or electric shocks in arms or legs when moving neck
- Leg pain that worsens with exercise but is relieved by resting
- Loss of feeling in inner thighs
- Urinary problems

Types of Pain

- Severe pain that interrupts sleep
- Constant pain that doesn't improve by changing positions or lying down

Current Conditions

- Unable to balance when walking
- Recent unexplained weight loss
- Recent progressive muscle weakness
- Recent or current fever
- Loss of bowel or bladder control
- Recent major accident such as a fall from height, whiplash or blow to the head
- Blurred or double vision
- Dizziness, nausea, or faintness when neck is in certain positions
- Memory loss after injury

Previously Diagnosed Condition & Medical History

- History of stroke or aneurysm
- Cortisone or other steroid medications, or intravenous drugs (past or present)
- Congenital bone or joint disorder
- Rheumatoid arthritis
- Severe degenerative arthritis
- History of compression fracture
- History of heart attack
- Past history of cancer or currently diagnosed with cancer
- Diabetes with cold, burning, or numb feet
- Gout
- Lupus
- Ankylosing spondylitis
- Immune suppression such as from chemotherapy, organ transplant, etc.

Family History

- Autoimmune disorders
- Arthritis
- Cancer
- Diabetes
- Heart disease
- Kidney disease
- Mental illness
- Seizure disorder

I certify that the above information is true and correct to the best of my knowledge.

Signature _____ Today's Date _____