Patient Information Update

Name: _____ **DOB:** _____ **Date:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone#: _____ **Cell:** _____ **Cell Carrier:** _____ **Email:** _____
Insurance Co: _____ **ID #:** _____
Policy Holder: _____ **DOB:** _____ **Relationship:** _____

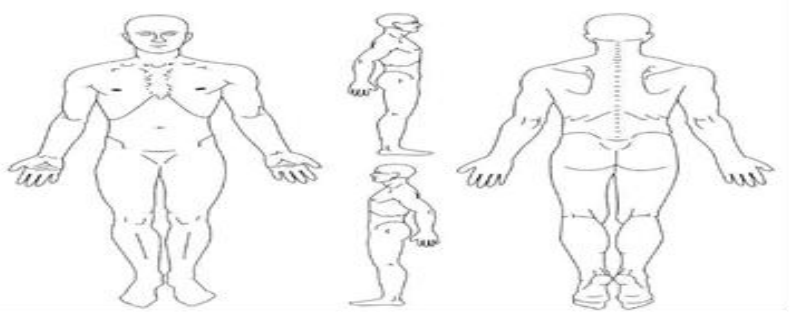
NO SHOW POLICY: Due to the high demand of appointments and to be respectful of the chiropractic needs of all our patients please be courteous and call or text our office promptly if you are unable to attend an appointment. We always have patients on a cancellation list that need care. If you are unable to keep your scheduled appointment, we require 24-hour notice. There will be a $25 charge for every appointment missed without proper notification.
I, the undersigned, understand and agree to the above and, to be accepted as a patient in this office, agree to abide by these policies.
Signature_____ **Date** _____

Chief Complaint(s)

Describe your symptoms in order of severity, with worse symptom being #1:

1. _____
2. _____
3. _____

Indicate on the body diagram where you are experiencing the following symptoms, using an (X) or by circling the area:



When did your symptoms begin? _____
How did your symptoms begin? _____
What describes your symptoms? Sharp Shooting Stabbing Dull Ache Burning
Numbness/Tingling Other _____
Are your symptoms? Getting better Staying the same Getting worse
Average pain intensity the last 24 hours: no pain 0 1 2 3 4 5 6 7 8 9 10 worst pain
How often do you experience your symptoms?
Constantly (76 – 100% of the day) Frequently (51-75% of the day) Occasional (26-50% of the day) Intermittently (0-25% of the day)

Does the pain radiate to other areas? _____
What makes it better? Sitting Standing Lying Bending Twisting Lifting Nothing
What makes it worse? Sitting Standing Lying Bending Twisting Lifting Other _____
When is your pain at its worst? Morning As day progresses Afternoon Evening During the night All the time
What have you done for it so far? _____
Have you experienced this problem before? Yes or No
If yes, please explain _____
Are you pregnant? Yes or No N/A

FOR OFFICE USE

ICD's: 1._____ **2.**_____**3.**_____**4.**_____**5.**_____**6.**_____