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Patient Information

Date _____
 Patient _____
 Address _____

 Sex: M F Age _____ Birthdate _____
 Referral: _____
 Email: _____

Single Married Widowed
 Divorced Partnership

Patient SS# _____
 Occupation _____
 Employer _____
 Employee Address _____
 Employer Phone _____
 Spouse's Name _____

Account

Who is responsible for this account? _____

Will this account be paid by Cash or Insurance

Assignment and Release
 I, the undersigned certify that I (or my dependent) have insurance coverage with _____ and assign directly to Dr. _____ all insurance benefits. If any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

 Responsible Party Signature

 Relationship Date

Phone Numbers

Home _____ Work _____ Cell _____
 Best time and place to reach you? _____

IN CASE OF EMERGENCY, CONTACT:

Name _____ Relationship _____
 Home Phone _____
 Work Phone _____ Ext. _____
 Cell Phone _____

Accident Information

Is condition due to an accident? _____
 Date _____

Type of accident Auto Work Home
 Other

To whom have you made a report of your Accident?
 Auto Insurance Worker Comp
 Employer Other

Attorney Name and Address (if applicable)

Patient Condition

Reason for visit _____
 When did your symptoms appear _____
 Is this condition getting progressively worse? Yes, No, Unsure
 Mark an X on the picture where you continue to have pain, numbness or tingling.
 Rate the severity of your pain on a scale from 1 (least pain) to 10 (severe pain) _____
 Type of pain: sharp, dull, throbbing, numbness, aching, shooting, burning, tingling, cramps, stiffness, swelling, other _____
 How often do you have this pain? _____
 Is it constant or does it come and go? _____
 Does it interfere with your: work, sleep, daily routine, recreation
 Activities or movements are painful to perform: sitting, standing, walking, bending, lying down, other _____
