

Confidential Patient Health Patient _____ File # _____ Date _____

How did you hear about us? • Patient _____ • Dr. _____ • Internet/Website
• Yellow pages • Sign/Drive by • Hospital • Insurance plan • Pro-Adjuster • TV • Radio • Friend/Co-Worker

• Dr. • Mr. • Ms • Mrs First: _____ Mid Initial: _____ Last _____

Birth Date: _____ / _____ / _____ Age: _____ Sex: Male / Female SSN: _____

Email Address: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: (____) _____ Work Phone: (____) _____ ext _____

Cell Phone: (____) _____ Fax # (____) _____

• Single • Married • Widowed • Divorced • Separated Spouse's Name: _____

Children (Names & Ages) _____

Emergency Contact Name: _____ Phone: (____) _____

INSURANCE INFORMATION

Who is responsible for your bill? YOU and . . . (mark appropriate box(es)) • Myself ONLY • Spouse

• Worker's Comp • Auto Insurance • Medicare • Health Ins: _____

• Other: _____

Personal Health Insurance Carrier: _____ Member/ID Card# _____

Policy Holder's Name: _____ Group # _____

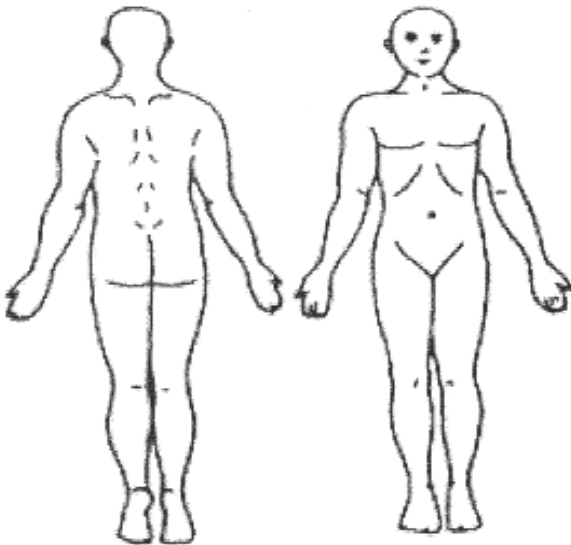
Policy Holder's Date of Birth: _____ / _____ / _____ Primary Care Physician: _____

CURRENT HEALTH CONDITION

PLEASE LABEL THE DIAGRAM. AREA OF SYMPTOM:

Mark on figure below area of pain/numbness/burning.

Use Letters BELOW to indicate TY



Unwanted Condition/Pain (Why are you here today?):

I currently have: PAIN STIFFNESS NUMBNESS WEAKNESS

Condition/Pain STARTED on what date? _____

Has it ever occurred before? Yes / No When? _____

Is this condition: Auto Related Job Related Home Injury

Slip or Fall Lifting Slept Wrong Unknown Cause Other

EXPLAIN in your own words how the injury/pain/condition happened:

If caused by an Accident: Date _____ Time: _____

List **any other** Condition/Pain related or unrelated to the one listed above that you are experiencing: _____

Please rate your overall pain/unwanted condition/discomfort/stiffness on a scale of 0 to 10:

0 (none) 1 2 3 4 5 6 7 8 9 10 (I should be in the ER right now)

PE & LOCATION

A=Ache B=Burning N=Numbness P=Pins&Needles S=Stabbing