Sundby Family Chiropractic

GENERAL INFORMATION

Patient Name:____________________

Address:____________________

City:____________________

State:__________ Zip:__________

e-mail:____________________

Phone:__________ ☐ Cell ☐ Home

Date of Birth:____________________

Occupation:____________________

Employer:____________________

How did you hear about/find us?__________

Is this your first visit to a Dr. of Chiropractic?

☐ No ☐ Yes

Emergency Contact Info

Name:____________________

Relationship:____________________

Phone:__________ ☐ Cell ☐ Home

INSURANCE:

Health Insurance Co. Name__________

Policy Number __________

Policy Holder's Name__________

Policy Holder's Social Security #__________

DOCTORS NOTES:

REASON FOR VISIT

What brings you in today?__________

Have you received treatment for this condition in the past? ☐ No ☐ Yes

If yes, where?__________

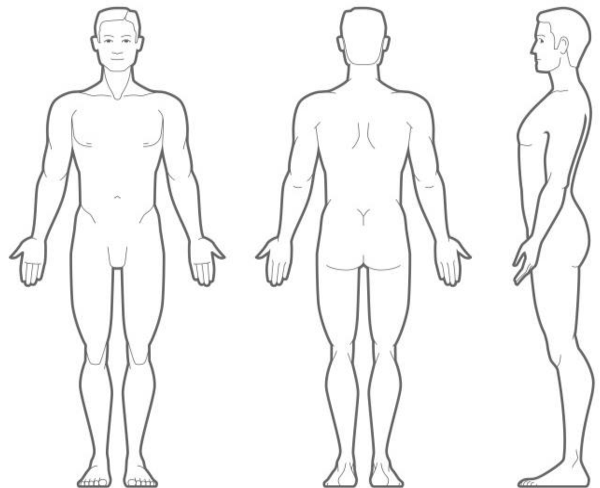
When?__________

Are you seeking treatment related to an accident?

☐ Auto ☐ Work ☐ Other ☐ No

Using the symbols below, please mark any areas where you're experiencing:

× Pain ⊘ Numbness or Tingling # Burning



How severe is your pain on a scale of 0 to 10:

On Average?____ At worst?____ At best?____

Check the boxes that best describe your symptoms:

☐ Constant ☐ Comes & goes ☐ Worse at night

☐ Worse in the morning ☐ Sharp ☐ Dull

☐ Aching ☐ Shooting ☐ Throbbing

When did your symptoms first appear?__________

What (if anything) makes it better?__________

What makes it worse or irritates it?__________

HEALTH HISTORY

Recent signs & symptoms: (Please check all that apply.)

- ☐ Constant Pain
- ☐ Unexplained Weight Loss/Gain
- ☐ Loss of Bladder Control
- ☐ Abnormal Bleeding
- ☐ Fatigue
- ☐ Excessive Thirst
- ☐ Frequent/Painful Urination
- ☐ Excessive Bruising
- ☐ Fever, Chills, Sweats
- ☐ Nausea/Vomiting
- ☐ Blood in Urine
- ☐ Difficulty Breathing
- ☐ Change in Appetite
- ☐ Severe Abdominal Pain
- ☐ Black/Bloody Stools
- ☐ Tightness/Pain in Chest

Are you currently pregnant? ☐ No ☐ Yes, Due Date:______________

Have you ever had any of the following conditions?

- ☐ Cancer
- ☐ Hypertension
- ☐ Recurring Sinusitis
- ☐ Disc Herniation/Bulge
- ☐ Anemia
- ☐ Pacemaker
- ☐ Bloating
- ☐ Arthritis
- ☐ Bleeding Disorder
- ☐ Stroke
- ☐ Belching/Gas
- ☐ Osteoporosis
- ☐ Bruise Easily
- ☐ Swelling in Ankles/Legs
- ☐ Kidney Disease
- ☐ Rheumatoid Arthritis
- ☐ Clotting Disorder
- ☐ Allergies
- ☐ Anxiety
- ☐ Latex Allergy
- ☐ Cardiovascular Disease
- ☐ Glaucoma
- ☐ Depression
- ☐ Psoriasis
- ☐ Heart Attack
- ☐ Recurring Ear Infections
- ☐ Drug/Alcohol Dependency
- ☐ Sprained Ankle

Please list any injuries, hospitalizations or surgeries, with approximate dates: (broken bones, appendicitis, etc...)

MEDICATIONS	VITAMINS	ALLERGIES

DOCTOR'S NOTES

LIFESTYLE

Exercise

- ☐ None
- ☐ Minimal
- ☐ Moderate
- ☐ Daily
- ☐ Excessive

Work Activity

- ☐ Sitting
- ☐ Standing
- ☐ Light Labor
- ☐ Medium Labor
- ☐ Heavy Labor

Habits

- ☐ Smoking Frequency: ____________________
- ☐ Alcohol Frequency: ____________________
- ☐ Recreational Drugs Type: ____________________
- ☐ Coffee/Caffeine Frequency: ____________________
- ☐ High Stress Reason: ____________________

Nutrition

How would you describe your eating habits?

☐ I eat whatever and whenever I want.

☐ I make an attempt to eat right, but struggle.

☐ Most of the time I eat right, but treat myself on occasion.

☐ I strictly regulate my food intake, all the time.

☐ I'm all over the board. No consistency

Sleep

Average hours of sleep per night? ____________________

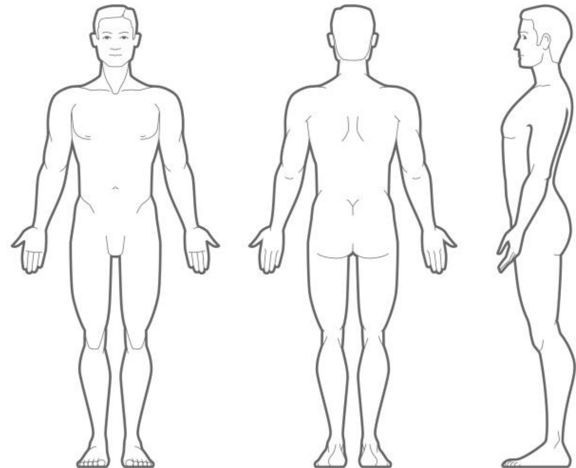
I normally sleep on my:

☐ Back ☐ Stomach ☐ Side ☐ Toss & Turn

DOCTOR'S NOTES

SCAR TISSUE

Using the diagram below, please indicate where you have any significant scars, past muscle tears or surgical scars.



PAYMENT POLICY

Payment for services rendered will be due on the date of service and accepted in the forms of check or charge. I may choose to submit a reimbursement claim directly to my insurance provider. Sundby Family Chiropractic will supply any additional documentation regarding my treatment, needed for this purpose, at my written request.

Please initial to accept this policy ____________