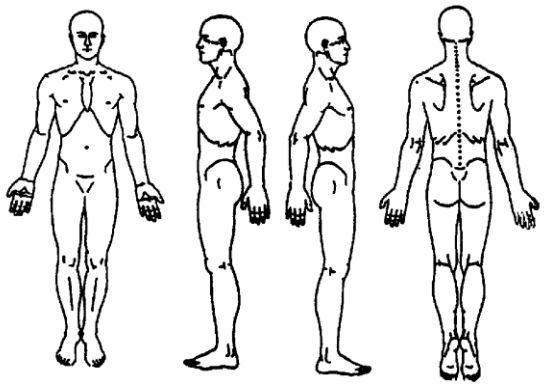
CONFIDENTIAL PATIENT INFORMATION

This information is confidential. If we do not sincerely believe that your problem will respond favorably we will not be able to accept your case. We will refer you to disciplines we feel will help you. In order for us to understand your health problems properly, please complete this form neatly, accurately and completely. THANK YOU

Date_____ SS#_____
Name_____ Home Phone_____
Street_____ City_____ Zip Code_____
Age_____ Birth date_____ Marital Status: S M W D # of Children _____
Occupation_____ Employer_____
Address_____ Office Phone_____
Name of Spouse_____ Occupation_____
Employer_____ Office Phone_____
Other Nearest Relative_____ Phone_____

LIST PRESENT COMPLAINTS, INJURIES , DATE OF INJURY AND DURATION

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



DOCTORS CONSULTED FOR THIS CONDITION:

Hospital Name_____
Date admitted_____ Date Discharged_____ Treatment_____
_____ Follow-up instructions_____

Name_____ When consulted_____
Diagnosis_____ Treatment_____
How long did you see the doctor?_____ How Frequently_____
Results_____

Name_____ When consulted_____
Diagnosis_____ Treatment_____
How long did you see the doctor?_____ How Frequently_____
Results_____

Present family doctor_____ Last physical exam_____

FINANCIAL INFORMATION:

Primary Insurance Company_____
Policy #_____ ID#_____ Insured_____

Secondary Insurance Company_____
Policy #_____ ID#_____ Insured_____

WHAT SURGERIES HAVE YOU HAD?

Type/When/Doctor/Results

LIST FORMER SERIOUS ACCIDENTS AND FALLS: (AUTO, WORK, HOME, LEISURE, SPORTS, OTHER)

What/When/Symptoms/Treatment/Results

LIST BROKEN BONES:

When/How/Doctor/Results

LIST MEDICATIONS AND/OR DIET SUPPLEMENTS YOU TAKE:

What/Frequency/Doctors/Side Effects/Remarks

LIST ANY DISEASE OR ILLNESS WITH WHICH YOU HAVE BEEN DIAGNOSED:

(Examples: Diabetes, Heart Disease, High Blood Pressure, Stroke, Asthma, Ulcers, Cancer, Arthritis, Depression, Etc)

WORK/LEISURE ACTIVITIES

Work Responsibilities-lifting, bending, stooping, twisting, turning, carrying, walking, standing, etc

Leisure- sports and exercise type, frequency, length of time etc

DOCTORS COMMENTS