Confidential Patient Information

North Valley Chiropractic

"We listen, we care, we get results!"

Section I: Patient Demographics **Date**_____

Name:_____ Home Phone: _____Cell Phone: _____

Mailing Address:_____City:_____State:_____Zip:_____

Date of Birth:_____ Age: _____ Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Social Security Number:_____E-mail Address:_____

Employer:_____ Occupation: _____ Work Phone: _____

Address:_____City:_____State:_____Zip:_____

Spouse's Name:_____#of Children:_____

Whom may we thank for referring you? _____

Do you wish to receive text reminders? ☐ Yes ☐ No Do you wish to receive email reminders? ☐ Yes ☐ No

If yes, who is your phone carrier? ☐ Verizon ☐ ATT ☐ Sprint ☐Other_____

Have you ever had Chiropractic before? ☐ Yes ☐ No If yes, when and where _____

Section II **Insurance Information** (Personal Injuries, Workers Comp, Medicare)

Is this injury or illness related to: ☐ Employment ☐ Auto Accident ☐ Other, please explain _____

Date of Injury:_____ Location: _____

Workers Compensation Insurance Co._____ Phone: _____

Your Auto Insurance Co._____ Phone: _____

Third Party Insurance Co._____ Phone: _____

Attorney Name:_____ Phone:_____ Fax:_____

Claim Number:_____

Do you have Medicare? ☐ Yes ☐ No If Yes, Medicare Number _____ Date of Birth:_____

Section III **Treatment Authorization**

All charges are due when services are rendered.

Method of Payment: ☐ Cash ☐ Check ☐ Credit Card ☐ Care Credit ☐ Other,_____

Why Chiropractic?

People go to Chiropractors for a variety of reasons. Some go for symptomatic relief of pain or discomfort (Relief Care). Others are interested In having the cause of the problem as well as the symptoms corrected and relieved (Corrective Care). Your doctor will weigh your need and desires when recommending your treatment.

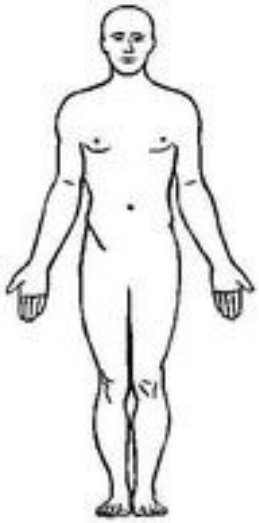
RELIEF CARE	**CORRECTIVE CARE**
Relief Care is that care necessary to get rid of your symptoms or pain, but not the cause of it. It is the same as drying a floor that was getting wet from a leak, but not fixing the leak.	Corrective Care differs from relief care in that its goal is to get rid of the symptoms or pain while correcting the cause of the problem. Corrective care varies in length and time, but is more lasting.

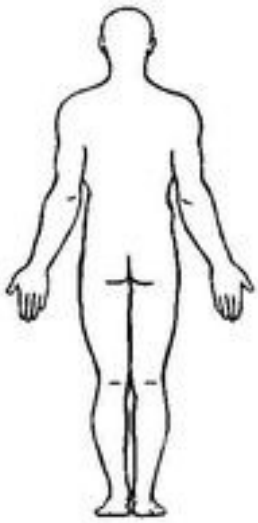
I authorize North Valley Chiropractic to render necessary services to me and I am responsible for all charges incurred.

Patient Signature _____ Date _____

Guardian authorizing care_____

PLEASE MARK AN **X** ON THE





List your chief complaints in order of severity

1._____

2._____

3._____

How long have you had this problem?

_____

_____

List other Chiropractic or Medical Doctors you have consulted for these conditions.

_____

_____

_____

Check any of the following you have had in the last six months:

- ☐ Headaches
- ☐ Sinus Congestion/Allergies
- ☐ Vision problems
- ☐ Ear Aches
- ☐ Dizziness
- ☐ Heart Problems
- ☐ Lung Problems/Congestion
- ☐ Blood Pressure Problems
- ☐ Ankle Swelling
- ☐ Prostate/Sexual Dysfunction
- ☐ Menstrual Cycle Dysfunction
- ☐ Numbness
- ☐ Frequent Nausea/Vomiting
- ☐ Abdominal Cramps
- ☐ Constipation
- ☐ Diarrhea
- ☐ Poor/Excessive Appetite
- ☐ Excessive Thirst
- ☐ Painful/Excessive Urination
- ☐ Discolored Urine
- ☐ Diabetes
- ☐ Cancer

Are you pregnant? ☐ Yes ☐ No ☐ Not Sure