Chiropractic Center Of Healing - New Patient Questionnaire

Please allow our staff to photocopy your insurance card.

Patient Information:

Patient Name: _____ Birthdate: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Best Phone to reach you: _____ Alternate phone: _____ **Reminders:** ❒ Email Address: _____

Sex: ❒ Male / ❒ Female _____ Marital Status: ❒ S ❒ M/DP ❒ D ❒ W # kids: ____ or ❒ Text # _____ Carrier: _____

In order for us to serve medicare patients, the government requires for us to ask questions preceded by an asterix*. *Preferred Language: _____

*Race (circle one): Decline to Answer American Indian/Alaska Native Asian Black/African American White (Caucasian) Native Hawaiian/Pacific Islander Other

*Ethnicity (circle one): Decline to Answer Hispanic or Latino Not Hispanic or Latino

Occupation _____ Employer: _____ #yrs: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Spouse/Partner: _____ Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____ Relation: _____

How did you hear about us? Website: ❒ Yelp ❒ Physician _____ ❒ Other Patient: _____ ❒ Other: _____

Name of local primary Physician: _____ Phone: _____ May we contact them? Y / N

Health History - Please circle all that apply

In general would you say your overall health right now is: ❒ Excellent ❒ Very Good ❒ Good ❒ Fair ❒ Poor

Have you had spinal x-rays, MRI, CT scan for your area of complaint? ❒ yes / ❒ no; date taken: _____ area taken: _____

❒ Alcohol / Drug Dependence
❒ Recent Fever
❒ Diabetes
❒ High Blood Pressure
❒ Stroke Date: _____
❒ Corticosteroid use (cortisone, prednisone)
❒ Taking Birth Control Pills
❒ Dizziness/Fainting
❒ Numbness in groin/buttock
❒ Cancer/tumor _____
❒ Osteoporosis
❒ Epilepsy/Seizures

❒ Other health problems (explain) _____
_____
❒ Prostate problems
❒ Urinary problems
❒ Currently Pregnant, # wks: _____
❒ Abnormal weight ❒ gain / ❒ loss
❒ Marked morning pain / stiffness
❒ Pain unrelieved by position or rest
❒ Pain at night
❒ Visual disturbances
❒ Surgeries _____

Do you eat ❒ breakfast ❒ lunch ❒ dinner
#snacks: ___ Type: _____ ❒ in front of TV.

❒ Do you drink sweetened drinks (soda, sports, juice…)? Oz/day: ____

❒ Caffeinated drinks? Drinks/day _____

❒ Medications: _____

❒ Medication allergies: _____

❒ Vitamins/herbs _____

❒ Hours of sleep / night average _____

❒ Main life stressor? _____

How do you relieve stress? _____

In addition to the main reason for your visit today, what additional health goals do you have? _____

All above questions have been answered accurately, and I understand that giving incorrect information can be dangerous.

Fee Statement

Your initial visit with the doctor generally lasts about 40 minutes. After getting an understanding of your complaints, he will evaluate your skeletal and muscular systems in detail. He'll explain his findings with you and will start treating your joints and muscles on the first visit.
The cost is $155. We accept payments from flexible spending accounts. We also accept Medicare, and certain HMO plans administered through Sutter East Bay Medical Foundation (SEBMF).

All above questions are answered accurately, and I understand that giving incorrect information can be dangerous.

Patient Signature: _____ **Date:** _____