

# WELCOME TO OUR OFFICE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
TODAY'S DATE

## 1. PATIENT INFORMATION

(PLEASE PRINT)

NAME \_\_\_\_\_  
FIRST LAST MI

ADDRESS \_\_\_\_\_

CITY STATE ZIP

SEX  M  F DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_  
 SINGLE  MARRIED  WIDOW  
 SEPARATED  DIVORCED

OCCUPATION \_\_\_\_\_  FT  PT

EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

ARE YOU THE PARENT OR LEGAL  
GUARDIAN OF THE PATIENT?

YES YOUR NAME \_\_\_\_\_

NO RELATIONSHIP TO PATIENT \_\_\_\_\_

## 2. ACCIDENT INFORMATION

IS YOUR CONDITION DUE TO AN  
ACCIDENT?  YES  NO

TYPE OF ACCIDENT:  
 AUTO  WORK  HOME  OTHER

TO WHOM HAVE YOU MADE A REPORT OF  
THIS ACCIDENT?

AUTO INSURANCE  EMPLOYER  
 WORK COMP  OTHER

ATTORNEY \_\_\_\_\_

PHONE \_\_\_\_\_

AUTOMOBILE INSURANCE:  
YOUR INSURANCE COMPANY \_\_\_\_\_

I.D. NUMBER \_\_\_\_\_

CLAIM NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

SUBSCRIBER'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

PHONE \_\_\_\_\_

## 3. PHONE NUMBERS

HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

CHECK BOX IF OK TO LEAVE MESSAGES ON YOUR CELL OR TEXT WITH HIPAA PROTECTED  
INFORMATION

E-MAIL \_\_\_\_\_

CHECK BOX IF OK TO CONTACT YOU VIA E-MAIL WITH HIPAA PROTECTED INFORMATION

WHOM SHOULD WE CONTACT IN CASE OF EMERGENCY?

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

CELL \_\_\_\_\_ WORK \_\_\_\_\_

## 4. PATIENT CONDITION - YOUR MAIN COMPLAINT...

REASON FOR TODAY'S VISIT \_\_\_\_\_ DATE STARTED \_\_\_\_/\_\_\_\_/\_\_\_\_

DO YOU KNOW WHAT MAY HAVE CAUSED THIS? \_\_\_\_\_

IS YOUR PAIN/DISCOMFORT:  DULL  SHARP  BURNING  TINGLING  
 THROBING  NUMBNESS  STABBING

AND IS IT?  MILD  MODERATE  SEVERE PAIN SCALE: MILD 1 2 3 4 5 6 7 8 9 10 SEVERE

HOW OFTEN DO YOU SUFFER FROM THIS?  DAILY  X PER WEEK  X PER MONTH  X PER YEAR

HOW LONG DOES IT LAST? \_\_\_\_\_ IS IT  INTERMITTENT  FREQUENT  CONSTANT

WHAT MAKES IT BETTER? \_\_\_\_\_ WHAT MAKES IT WORSE? \_\_\_\_\_

DOES IT INTERFERE WITH:  WORK  SLEEP  DAILY ROUTINE  RECREATION  
 WALKING  BENDING  STANDING  SITTING

WHAT HAVE YOU TRIED TO RELIEVE YOUR SYMPTOMS? \_\_\_\_\_