

VOLIN CHIROPRACTIC CLINIC

CONFIDENTIAL PATIENT INFORMATION

DATE _____

First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Age _____ Birth Date ____/____/____ Marital Status: M S W D

Occupation _____ Employer _____ Work Phone _____

Name of Spouse _____ Spouse's Employer _____ Work Phone _____

Email address _____

Emergency Contact _____ Phone _____

Whom may we thank for referring you to our office? _____

Have you ever seen a Chiropractor? _____

How long has it been since your last Chiropractic adjustment? _____

Have you been treated by other doctors for this condition? _____

Reason for this visit _____

Are these symptoms related to a car accident or work injury? _____

When did your symptoms appear? _____

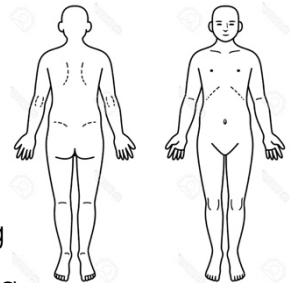
Is this condition getting progressively worse? _____

Mark an x on the picture where you continue to have pain, numbness or tingling

Rate the severity of your pain on a 1(least) to 10(greatest) _____

Type of pain: Sharp Dull Throbbing Numbness Shooting

Burning Tingling Aching Stiffness Shooting Cramping



How often do you have this pain? _____ Constant or come and go? _____

Does it interfere with your: Work Sleep Recreation Daily Routine

Activities that are painful to perform: Sitting Standing Walking Bending Lying down

I have reviewed the information on this questionnaire and it is accurate to the best of my knowledge. I understand that this information will be used by the doctor to help determine appropriate treatment. If there is any change in my health status, I will inform the doctor. I authorize my insurance company to pay this doctor all insurance benefits otherwise payable to me for services rendered. I authorize the use of this signature on all insurance submissions. I authorize the doctor to release all information necessary to secure payment benefits. I understand that I am financially responsible for all charges whether or not paid by insurance.

SIGNATURE _____ DATE _____