

**Application for Treatment  
Confidential Patient Information**

**Date** \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

**Patient Information**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Marital Status M W S D Number of Children \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers Lic # \_\_\_\_\_

Occupation \_\_\_\_\_ Employed by \_\_\_\_\_

Spouse Name \_\_\_\_\_ Phone # \_\_\_\_\_

Contact in case of emergency \_\_\_\_\_ Phone # \_\_\_\_\_

**Reason for Visit** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When did it first appear? \_\_\_\_\_

Have you had this condition previously? \_\_\_\_\_

Is this condition getting progressively worse? Yes No

How would you describe your pain? Sharp Burning Dull Shooting Numb Tingling (circle all that apply)

Rate the severity of your pain when it is at its worst (0-10) \_\_\_\_\_ (0 is no pain, 10 is severe pain)

Rate the severity of your pain when it is at its least (0-10) \_\_\_\_\_ (0 is no pain, 10 is severe pain)

Does your condition interfere with: Work Sleep Bending Reaching Digestion Menstruation

Mental Status Bowel or Bladder function Sex Drive (Circle all that apply)

Have you been treated by any physician for this condition? \_\_\_\_\_

Are you allergic to any medications or foods? \_\_\_\_\_

Are you taking medications, supplements or vitamins? \_\_\_\_\_ If yes, please list them? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ (packs per day) Do you drink alcohol? \_\_\_\_\_ (per day/week)

Caffeine drinks \_\_\_\_\_ (per day/week)

**Female ONLY:**

Frequency of Menstrual Cycles \_\_\_\_\_ Is Flow Heavy, Moderate, Light Any Cramping? \_\_\_\_\_

\_\_\_\_\_

**-CONTINUED-**

**Medical History**

AIDS/HIV\_\_\_ Bleeding Disorder \_\_\_ Heart Disease \_\_\_ Liver Disease\_\_\_ Pinched Nerve\_\_\_ Alcoholism\_\_\_  
Cancer \_\_\_ Hernia \_\_\_ Miscarriage \_\_\_ Polio\_\_\_ Allergies \_\_\_ Chemical Dependency\_\_\_ Herniated Disc\_\_\_  
Multiple Sclerosis\_\_\_ Anemia\_\_\_ Diabetes\_\_\_ Herpes\_\_\_ Osteoporosis\_\_\_ Asthma \_\_\_ Emphysema \_\_\_  
High Blood Pressure \_\_\_ Pacemaker \_\_\_ Anorexia \_\_\_ Epilepsy \_\_\_ High Cholesterol \_\_\_ Arthritis \_\_\_  
Parkinson's Disease \_\_\_ Gout \_\_\_ Kidney Disease \_\_\_ Pneumonia \_\_\_

Have you had previous surgeries, broken bones, blood transfusions, allergy shots or other medical procedures performed on you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Family History**

Father        Living    Passed Away    If passed away, due to \_\_\_\_\_  
Mother       Living    Passed Away    If passed away, due to \_\_\_\_\_  
Siblings     Living    Passed Away    If passed away, due to \_\_\_\_\_

Please add any concerns or other information that you feel is pertinent to your health (all information is Confidential). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Patient Agreement**

I understand and agree that health and accident policies are an agreement between an insurance carrier and myself or the insured. Furthermore, I understand that this office will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to this office will be to credited to my account upon receipt. I permit this office to endorse co-issued remittance for the conveyance of credit to my account. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I understand that if I terminate my care and treatment, any fees for professional services rendered me will be immediately due and payable.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Spouse or Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please be courteous and silence/turn off cell phones. We ask that you please arrive promptly to your appointment, all arrivals 15 minutes after appointment time will be rescheduled.

**Thank you!**