

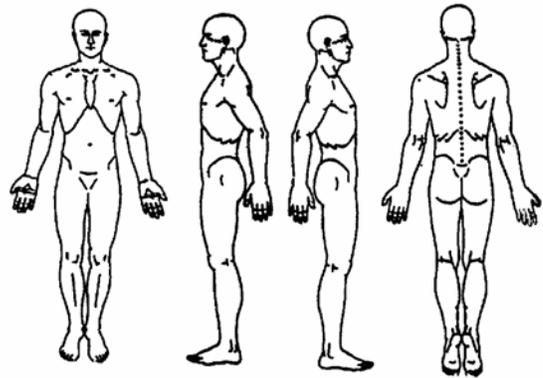
CONFIDENTIAL PATIENT INFORMATION

This information is confidential. If we do not sincerely believe that your problem will respond favorably we will not be able to accept your case. We will refer you to disciplines we feel will help you. In order for us to understand your health problems properly, please complete this form neatly, accurately and completely. THANK YOU

Date _____ SS# _____
Name _____ Home Phone _____
Street _____ City _____ Zip Code _____
Age _____ Birth date _____ Marital Status: S M W D # of Children _____
Occupation _____ Employer _____
Address _____ Office Phone _____
Name of Spouse _____ Occupation _____
Employer _____ Office Phone _____
Other Nearest Relative _____ Phone _____

LIST PRESENT COMPLAINTS, INJURIES , DATE OF INJURY AND DURATION

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



DOCTORS CONSULTED FOR THIS CONDITION:

Hospital Name _____
Date admitted _____ Date Discharged _____ Treatment _____
Follow-up instructions _____

Name _____ When consulted _____
Diagnosis _____ Treatment _____
How long did you see the doctor? _____ How Frequently _____
Results _____

Name _____ When consulted _____
Diagnosis _____ Treatment _____
How long did you see the doctor? _____ How Frequently _____
Results _____

Present family doctor _____ Last physical exam _____

FINANCIAL INFORMATION:

Primary Insurance Company _____
Policy # _____ ID# _____ Insured _____

Secondary Insurance Company _____
Policy # _____ ID# _____ Insured _____

Attorney name _____ Phone # _____
Address _____ City, State, Zip _____

WHAT SURGERIES HAVE YOU HAD?

Type/When/Doctor/Results _____

LIST FORMER SERIOUS ACCIDENTS AND FALLS: (AUTO, WORK, HOME, LEISURE, SPORTS, OTHER)

What/When/Symptoms/Treatment/Results _____

LIST BROKEN BONES:

When/How/Doctor/Results _____

LIST MEDICATIONS AND/OR DIET SUPPLEMENTS YOU TAKE:

What/Frequency/Doctors/Side Effects/Remarks _____

LIST ANY DISEASE OR ILLNESS WITH WHICH YOU HAVE BEEN DIAGNOSED:

(Examples: Diabetes, Heart Disease, High Blood Pressure, Stroke, Asthma, Ulcers, Cancer, Arthritis, Depression, Etc) _____

WORK/LEISURE ACTIVITIES

Work Responsibilities-lifting, bending, stooping, twisting, turning, carrying, walking, standing, etc
Leisure- sports and exercise type, frequency, length of time etc _____

DOCTORS COMMENTS

