

# Welcome

## Patient Information

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Sex  Male  Female Age \_\_\_\_\_

Birthday: \_\_\_\_\_

Patients SS#: \_\_\_\_\_

Single  Married  Widowed  Separated  Divorced

Occupation: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Employers Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer/School Phone: \_\_\_\_\_

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

## Phone Numbers

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Best time to reach you \_\_\_\_\_

Appointment Reminder Email or Text/ Cell Carrier?  
\_\_\_\_\_

## IN CASE OF EMERGENCY, CONTACT

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

## Accident Information

Is condition due to an accident?  Yes  NO

Date \_\_\_\_\_

Type of accident  Auto  Work  Home

To whom have you made a report of your accident?

Auto Insurance  Employer  Work Comp  Other

Attorney Name (if applicable)  
\_\_\_\_\_

## List of Medications/Vitamins

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Exercise

None

Moderate

Heavy

Daily

## Habits

Smoking

Alcohol

Coffee/Caffeine Drinks

## Work Activity

Sitting

Standing

Light Labor

Heavy Labor

Packs/Day \_\_\_\_\_

Drinks/Week \_\_\_\_\_

Cups/Day \_\_\_\_\_

# Health History

## Allergies

--Latex --Rubber -- KT tape --NSAID --Soaps --None --Other \_\_\_\_\_

## Surgeries

--Abdominal	--Ablation	--Achilles	--Ankle	--Appendix
--Arm	--Back	--Brian/Tumor	--Breast	--Carpal tunnel
--Cataracts	--Cervical Disc	--Chest	--Colon	--Cornea Transplant
--C-section	--Disc	--Diverticulitis	-- Ectopic Pregnancy	--EENT
--Elbow	--Endometriosis	--Femur	--Foot	--Gallbladder
--Gastrointestinal	--Gynecological	--Hand	--Heart	--Heart Bypass
--Hemorectomy	--Hernia	--Hip	--Hip Replacement	-- Hysterectomy
--Intestine	--Jaw/Orthodontic	--Kidney	--Kidney Stones	--Knee
--Knee Replacement	--Lasik	--Liposuction	--Laparoscopy	--Lithotripsy
--Lumbar Disc	--Lumpectomy	-- Lymphedema	--Lipoma	--Mastectomy
--Miscarriage	--Mole	--Neck	--Neurological	--NONE
--Nose	--Obstetrical	--Other	-- Ovary	--Podiatric
--Prostate	-- Prostatectomy	--Rhinoplasty	--Scar Revision	--Shoulder
--Sinus/Jaw	--Sleep Apnea	-- Spinal fusion cervical	--Spinal fusion lumbar	--Spinal fusion thoracic
--Stent	--Thoracic Disc	--Throat	--tonsil/s	--Varicose Vein
Removal				
--Wrist	--Wrist/Hand			
--Other _____				

## Medical History

--Alcoholism	--Allergy Shots	--Anemia	--Ankle Pain
--Appendicitis	--Arm Pain	--Arrhythmia	--Arthritis
--Asthma	--Back Pain	--Brachialplexus Palsy	--Breast Lump
--Broken Bones	--Bronchitis	--Cancer	--Carpal Tunnel
--Chemical Dependency	--Chest Pain	--Chicken Pox	--Colon
--Concussion	--Congestive Heart Failure	--Depression/Other disorder	--Diabetes
--Dislocations	--Dizziness	--Elbow Pain	--Emphysema
--Epilepsy	--Eye/Vision Problems	--Fainting	--Falls/Concussion
--Fatigue	--Foot Pain	--Fracture	--Genetic Spinal Disorder
--Goiter	--Gout	--Hand Pain	--Headaches
--Hearing Problems	--Heart Disease	--Hemochromatosis	--Hepatitis
--Hernia	--Herniated Disc	--Herpes	--High Blood Pressure
--High Cholesterol	--Hip Pain	--Jaw Pain	--Join Stiffness
--Kidney Disease	--Kidney Stones	--Knee Pain	--Leg Pain
--Liver Disease	--Low Back Pain	--Lupus	--Measles
--Menstrual Problems	--Mid Back Pain	--Migraines	--Minor Heart Trouble
--Miscarriage	--Mononucleosis	--Multiple Sclerosis	--Mumps
--Neck Pain	--Neurological Disorder	--Neuropathy	--NONE
--Osteoporosis	--Ovarian Cysts	--Pacemaker	--Parkinson's disease
--Pinched Nerve	--Plantar Faciitis	--Pneumonia	--Polio
--Prostate Problems	--Psychiatric Care	--Pulmonary Embolism	--Rheumatic Fever
--Rheumatoid Arthritis	--Scoliosis	--Shingles	--Shoulder Pain
--Significant weight change	--Spinal Cord Injury	--Spondylolistheisis	--Sprain/Strain
--Stomach Problems	--Stroke/Heart Attack	--Thyroid	--Tonsillitis
--Tumor/Growths	--Ulcer/s	--Vaginal Infections	--Vertigo
--Whooping Cough	--Wrist Pain		
--Other _____			