Phillips Chiropractic Application for Treatment

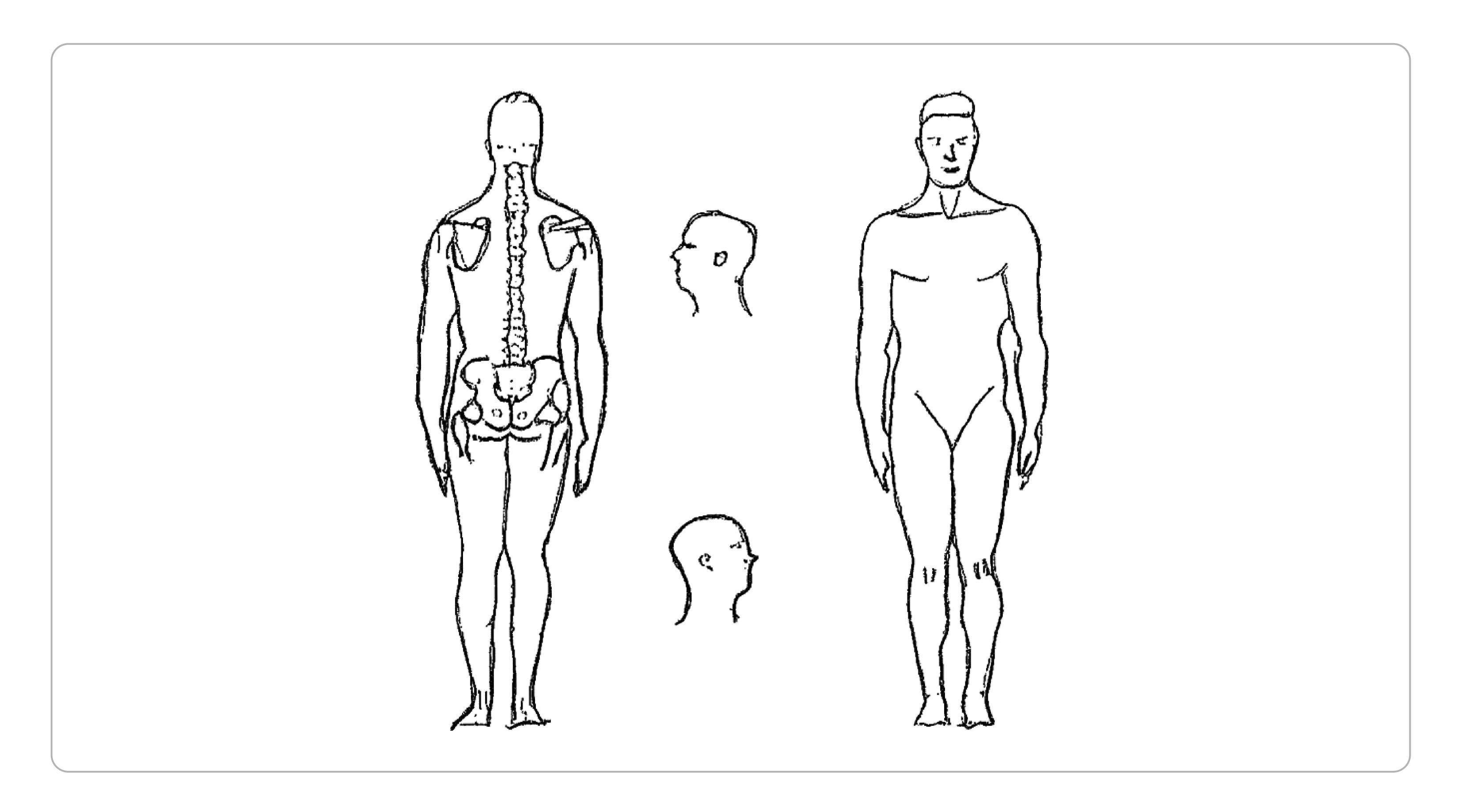
General Information	Current Medical History
Name :	Current health problems/conditions
Address :	
City/Zip :	
Birthdate :	Current medications
Social Security # :	
Home Phone # :	
Cell Phone # :	
Occupation :	
Employer :	
Work Phone # :	
Spouse :	Chiof Compalaint
Spouse Employer :	Chief Complaint
Spouse Work # :	— Describe any accidents, falls, etc. that may have
Emergency Contact :	
Emergency Contact # :	
Email Address :	
Today's date :	Have you ever had similar symptoms? Yes No
Referred by :	
	Please list other physicians that you have seen for this current
	condition?
Past Medical History	
Surgeries and dates:	
	When did they treat you and what, if any, was their diagnosis?
Fractures and dates:	
	Has this problem been getting?
Serious illnesses and dates:	Better Worse Staying the same
	What seems to make your condition feel better?
Other injuries:	
	What seems to make your condition feel worse?
Any history of current complaints and dates:	
	Rate your pain on a 1-10 scale with 10 being the worse:
Prior chiropractic treatment and dates:	

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Using the diagram on the right, please indicate the exact location of your pain.

Using the diagram on the right, please indicate the type of pain you are experiencing (i.e. sharp, dull, radiating, constant, on/off, burming, aching, weakness, soreness, spasms, tightness, tenderness, tingling, numbness, etc.)

Due to your present condition, are you experiencing any limitations at work, home, or walking? If yes, what exactly are these limitations?



Financial Responsibility

Who is responsible for your bill: Self Spouse Employer Insurance Other			
What type of insurance do you want to file			
What is your insurance company's name a	nd address?		
If you are responsible for your fees, paym	ent will be made by: Cash Check	Credit Card	
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		s, and treatments are received, unless other written financial between Phillips Chiropractic and me be needed in order to	
	lips Chiropractic to verify my credit history.	between I minps chin optactic and me be necueu in order to	
Patients	Social	Today's	
Signature	Security#	Date	