



CONFIDENTIAL PATIENT INFORMATION

Personal

Name _____ Date of Birth _____ Sex M F
 Address _____ City _____ Zip Code _____
 Social Security # _____ Drivers License # _____
 Home # _____ Cell # _____ E – Mail _____
 Height ____ Weight ____ Age ____ Marital Status: S M D W How Many Children? ____
 Occupation _____ Employer _____
 Employer Address _____ Office Phone # _____
 Spouse's Name _____ Birth Date _____
 Occupation _____ Employer _____ Office Phone # _____
 Primary Care Physician Name _____ PCP Tel # _____
 Whom may we thank for referring you? _____

Emergency Contact Information

Name _____ Relationship _____
 Phone # _____ Alternate Phone # _____

Health Insurance Information

PLEASE PROVIDE US WITH YOUR INSURANCE CARD

Patient Condition

Reason for visit _____
 When did your symptoms begin? _____
 Other doctors seen for this condition _____
 Since the injury occurred, are the symptoms: Getting worse Improving Same
 Rate the severity of your pain a on scale from (No pain) 0 1 2 3 4 5 6 7 8 9 10 (Severe)
 Please list any surgeries or hospitalization _____
 Please list any injuries or illness _____
 Please list any allergies _____
 Please indicate medication (over the counter/prescription) you are currently taking:
 Aspirin/Tylenol Pain killers Muscle relaxers Tranquilizer Anti-depressants Insulin
 Birth control pills Other: _____

Mark on the picture where you continue to have pain:

Type of pain:

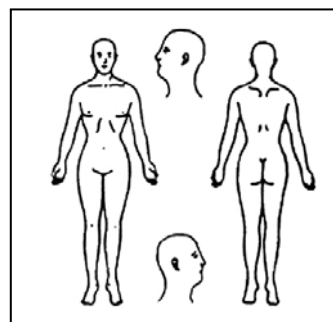
- Sharp Dull Throbbing Burning Aching
- Numbness Tingling Shooting
- Cramps Stiffness Swelling Other

Frequency of symptoms:

- Constant Frequent Intermittent Occasional

Activities/movements that are painful to perform:

- Sitting Standing walking Bending Lying down Other:



Signature: _____ Date: _____

- Adult Patient Parent or Guardian Spouse

I certify to the best of my knowledge, the above information is complete and accurate. I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that B & M Chiropractic, Inc. 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 B & M Chiropractic, Inc. will be credited to my account on receipt. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. Our policy requires payment in full for all services rendered at the time of visit, unless other arrangements have been made with the business manager. If account is not paid within 90 days of the date of the service and no financial arrangements have been made, you will be responsible for legal, collection and any other expenses incurred in collecting your account.

HEALTH HISTORY

Please check (X) all present symptoms

HEAD:

- Headaches
- Head feels heavy
- Tension
- Light-headedness
- Nausea
- Dizziness
- Vomiting
- Loss of balance
- Loss of memory
- Light bothers eyes
- Blurred vision
- Double vision
- Loss of hearing
- Ringing in ears
- Fainting

NECK:

- Pain in neck
- Neck pain with movement
- Neck stiffness
- Pinched nerve in neck
- Neck feels out of place
- Muscle spasms in neck
- Grinding sounds in neck
- Popping sounds in neck
- Arthritis in neck

SHOULDERS:

- Pain in shoulder joint (R - L)
- Pain across shoulders
- Bursitis (R - L)
- Arthritis (R - L)
- Tension in shoulders
- Pinched nerve in shoulders
- Muscle spasms in shoulders

ARMS & HANDS:

- Pain in upper arm
- Pain in elbows
- Pain in forearms
- Pain in hands/wrists
- Pain in fingers
- Pain upon movement
- Loss of grip strength
- Sensation of pins & needles in arms
- Sensation of pins & needles in fingers
- Numbness in arms (R - L)
- Numbness in fingers (R - L)
- Fingers go to sleep
- Hands cold
- Swollen joints in fingers
- Arthritis

MID-BACK:

- Mid back pain
- Pain between shoulder blades
- sharp stabbing pain
- Dull achy pain
- Pain from front to back
- Muscle spasms

CHEST:

- Chest pain
- Shortness of breath
- Pain around ribs
- Breast pain
- Irregular heart beat

ABDOMEN:

- Nausea
- Nervous stomach
- Constipation
- Diarrhea
- Gas
- Hemorrhoids

LOW BACK:

- Low back pain
- Low back pain is worse when:
 - walking
 - working
 - lifting
 - stooping
 - standing
 - sitting
 - bending
 - coughing
 - lying down

- Slipped disc

- Pain relieves when _____
- Muscle spasms
- Low back feels out of place
- Pain in kidney area
- Arthritis

HIPS, LEGS & FEET:

- Pain in buttocks (R - L)
- Pain in hip joints
- Pain down legs (R - L)
- Pain down both legs
- Knee pain
- Leg cramps
- Cramps in feet
- Pins & needles in legs (R - L)
- Numbness in legs (R - L)
- Numbness in feet
- Numbness in toes

- Feet feel cold
- Swollen ankles (R - L)
- Swollen feet (R - L)

GENERAL:

- Heart disease
- Stroke
- Pace maker
- Tumors
- Cancer
- Diabetes
- Hypoglycemia
- High blood pressure
- Cholesterol
- Thyroid
- Arthritis
- Hepatitis
- Tuberculosis
- AIDS
- Coffee ____ cups/day
- Tea _____ cups/day
- Cigarettes __ pks/day
- Alcohol
- Nervousness
- Irritable
- Gain of weight
- Loss of weight
- Fatigue
- Depressed
- Insomnia
- Asthma
- Arthritis
- Other: _____

WOMEN ONLY:

- Menstrual pain
- Irregularity
- Cramping
- Cycle ____ days
- Birth control
- Menopause
- Hysterectomy
- Tumors
- Are you or do you think you are pregnant

MEN ONLY:

- Urinary frequency
- Difficulty starting urination
- Night urination
- Prostate pain/swelling