Bankers Hall Chiropractic

Confidential Patient Information

Fax: 228-7867

Date _____ Albert Health Care#_____

Name_____ D.O.B._____/_____/_____ Age_____ Marital Status_____
Day Month Year

Address_____

City_____ Postal code_____

Home phone # _____ Work Phone # _____ Other_____

Occupation_____ Company Name_____

Guardian/Spouses Full Name_____

Name of nearest relative (not your spouse)_____

Who referred you to our office?_____

Were you referred to a certain doctor in this office?_____

Is your visit due to an accident? ❑ No ❑ Yes (if yes, please see receptionist for an injury report.)

YOUR PRESENT COMPLAINT_____

BRIEFLY DESCRIBE YOUR SYMPTOMS_____

_____

_____

List other doctor(s) you see for this condition_____

Personal Medical History (if any of the following are relevant to your medical history, please check the accompanying box:)

❑ Cancer	❑ Muscular Dystrophy	❑ Rheumatic Fever	❑ Digestive Disorders
❑Polio	❑ Multiple Sclerosis	❑ Scarlet Fever	❑ Sinus Trouble
❑Tuberculosis	❑ Convulsions	❑ Nervousness	❑ Backaches
❑Heart Trouble	❑ Epilepsy	❑ Asthma	❑ Numbness
❑Diabetes	❑ Concussion	❑ Dizziness	❑ Arthritis
❑ Stroke	❑ Hepatitis	❑ Depression	❑ High Blood Pressure

Describe and operations you've had and the dates:_____

_____

Have you been treated by a physician for any health condition in the last year?

❑ YES ❑ NO

Describe condition_____ Date of last physical exam_____

Are you now taking any medication? ❑ yes ❑ No What kind?_____

Are you allergic to any medication? ❑ yes ❑ No What kind?_____

Are you pregnant? ❑ yes ❑ no

_____

E-mail reminder for appointments:.....address_____

❑ day before ❑ no reminder

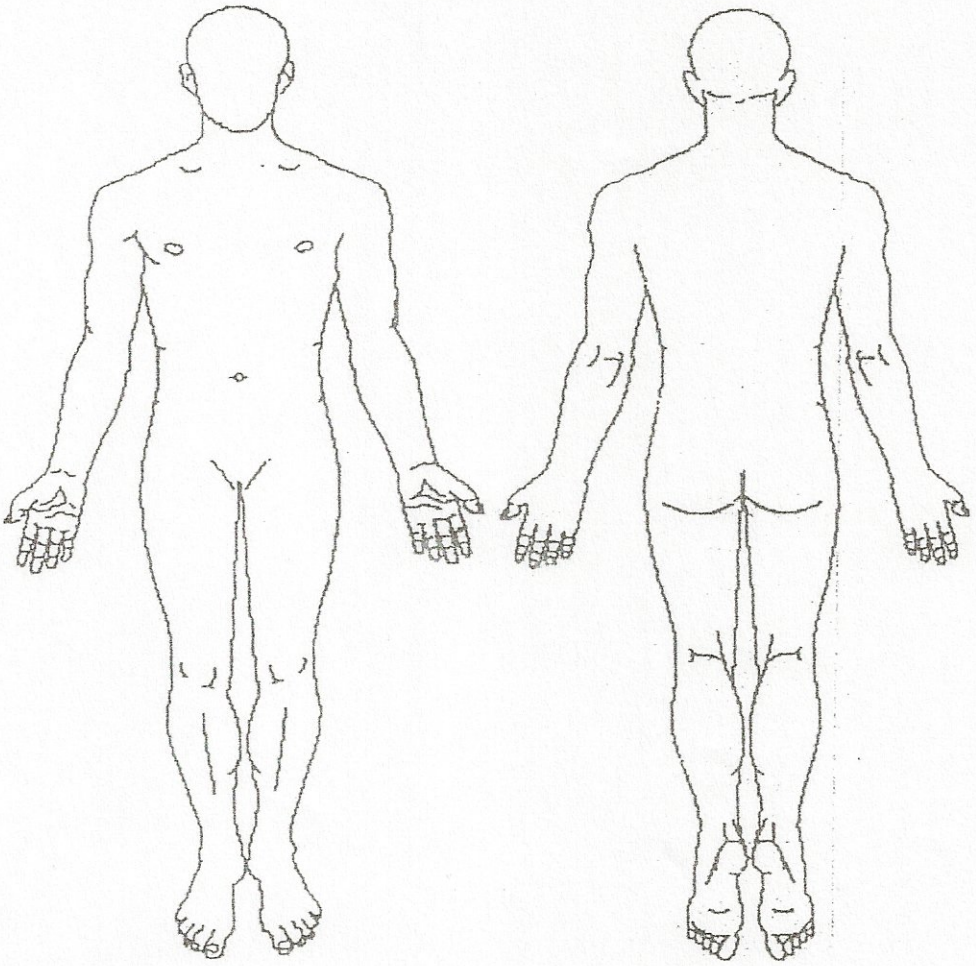
PAIN DRAWING

Patient Name: _____ Date: _____

Attending Dr.: _____

Using the letters below, mark the areas on your body where you feel the described sensations. Include all affected areas. Please complete the picture by drawing your face.

A = Ache B = Burning N = Numbness P = Pins & Needles S = Stabbing



Patient Signature: _____

Date: _____

SUBJECTIVE and OBJECTIVE NUMERICAL OUTCOME MEASURE ASSESSMENT