

Section I:	Patient Information	Date _____
Name: _____	Home Phone _____	Cell Phone _____
Address: _____	City: _____	State: _____ Zip _____
Date of Birth: _____	Age _____	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Social Security Number: _____	E-mail Address: _____	
Employer _____	Occupation _____	Work Phone _____
Address: _____	City: _____	State: _____ Zip _____
Spouse's Name: _____	#of Children _____	
Whom may we thank for referring you? _____		
Have you ever had Chiropractic before <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and where _____		

Section II	Insurance Information
Is this injury or illness related to <input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other, please explain _____	
Date of injury: _____ Location: _____	
Workers Compensation Insurance Co. _____	Phone: _____
Your Auto Insurance Co. _____	Phone: _____
Third Party Insurance Co. _____	Phone: _____
Do you have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Insured Name _____ Date of Birth: _____	
Primary Insurance Company _____	Phone: _____
Secondary Insurance Company _____	Phone: _____

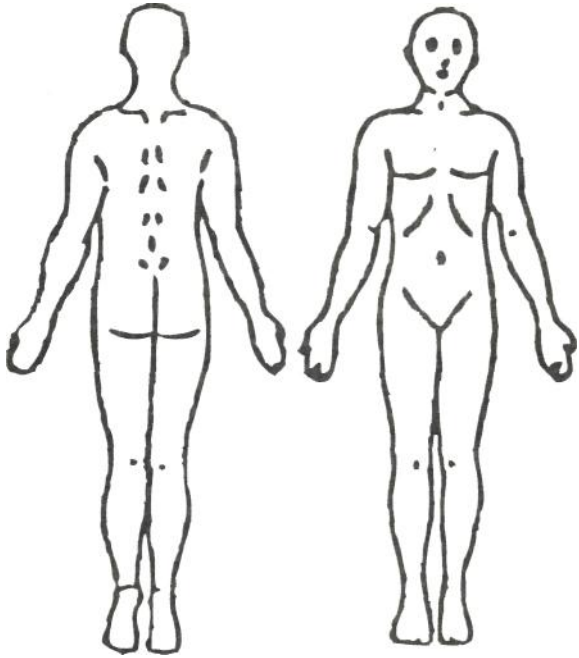
Section III	Treatment Authorization
All charges are due when services are rendered.	
Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Care Credit	
Why Chiropractic? People go to Chiropractors for a variety of reasons. Some go for symptomatic relief of pain or discomfort (Relief Care). Others are interested in having the cause of the problem as well as the symptoms corrected and relieved (Corrective Care). Your doctor will weigh your need and desires when recommending your treatment.	

<p>RELIEF CARE Relief Care is that care necessary to get rid of your symptoms or pain, but not the cause of it. It is the same as drying a floor that was getting wet from a leak, but not fixing the leak.</p>	<p>CORRECTIVE CARE Corrective Care differs from relief care in that its goal is to get rid of the symptoms or pain while correcting the cause of the problem. Corrective care varies in length and time, but is more lasting.</p>
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I authorize Joyce Family Chiropractic to render necessary services to me and I am responsible for all charges incurred.	
Patient Signature _____	Date _____
Guardian authorizing care _____	

THANK YOU FOR ALLOWING US TO SERVE YOU!

PLEASE MARK AN **X** ON THE DIAGRAM
WHERE YOUR PROBLEMS ARE



What hurts and how long has it hurt? (Attach additional pages if needed)

List your chief complaints in order of severity

1. _____
2. _____
3. _____

List other Chiropractic or Medical Doctors you have consulted for these conditions.

Check and of the following you have had in the last six months

- | | |
|--|--|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Sinus Congestion/Allergies | <input type="checkbox"/> Frequent Nausea/Vomiting |
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Abdominal Cramps |
| <input type="checkbox"/> Ear Aches | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Poor/Excessive Appetite |
| <input type="checkbox"/> Lung Problems/Congestion | <input type="checkbox"/> Excessive Thirst |
| <input type="checkbox"/> Blood Pressure Problems | <input type="checkbox"/> Painful/Excessive Urination |
| <input type="checkbox"/> Ankle Swelling | <input type="checkbox"/> Discolored Urine |
| <input type="checkbox"/> Prostate/Sexual Dysfunction | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Menstrual Cycle Dysfunction | <input type="checkbox"/> Cancer |

Are you pregnant? Yes No Not Sure