MAYER CHIROPRACTIC CONFIDENTIAL PATIENT INFORMATION

The following information is needed for your file so we can better serve you as a patient.
Please fill in all portions of the form. If you need any help, please ask our patient coordinator.
Please print

Date:_____ Who referred you to our office?_____

Is this visit due to an accident? Yes_____ No_____ SS# _____ Birth date: _____/_____/_____

NAME:_____
FIRST **MIDDLE** **LAST**

Preferred Name_____ Sex: M F Age:_____ Marital Status:____ # of children:_____
Permanent Address below: *If you have a Temporary Address, please fill out the Temporary Address Form*

_____
ADDRESS **CITY** **STATE** **ZIP**

Home#: (____) _____ Work #:(____)_____ Cell#:(____)_____

Email:_____ Would you like to receive health updates? Yes or No

Occupation:_____ Employer:_____

Spouse:_____Spouse SS#:_____

Spouse Occupation:_____ Employer: _____

Nearest Relative:_____ Phone#: _____

Briefly describe your symptoms:_____

_____

_____

Other doctors seen for this condition:_____ Date of last physical exam:_____

Describe any operations you have had:_____ When:_____

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

Allergies: Yes_____ No_____ If yes, list all:_____

Current medications:_____

Are you pregnant? Yes_____ No_____ Date of last menstrual period: _____

Insurance: Please present your insurance card/cards to be copied.
Name of person responsible for payment:_____ See financial Policy for Details.

★ What is the **BEST** way to contact you: Phone: Cell:___ Home:____ Email:____ Regular Mail___

Patient Signature:_____ Date:_____

Spouse or Guardian Signature:_____Date:_____

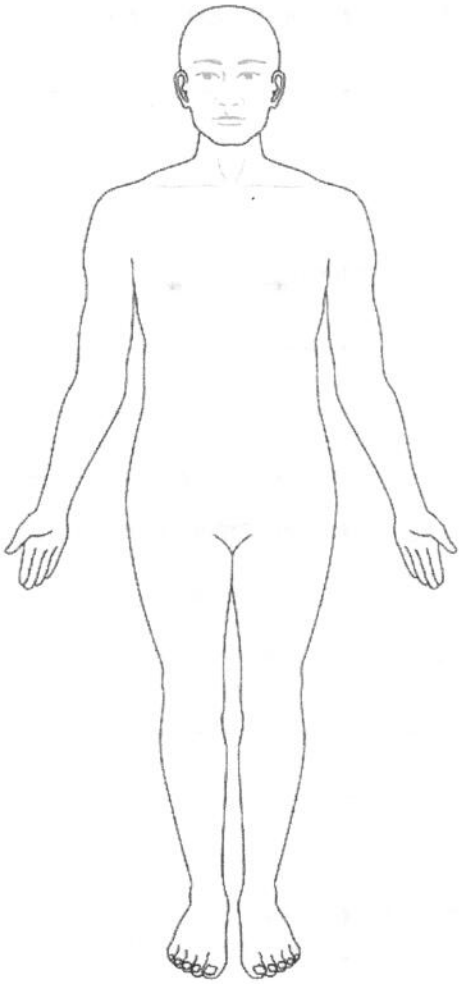
Please **TURN OVER** and complete the back of this sheet

The information provided on this form will be useful to the doctors you will be seeing today and will help your exam go smoothly and as quickly as possible. If you are being evaluated for a painful condition, mark the drawings below according to how you feel today. Use the figure labeled "Back" for the pain on the back of your body. If you have any of the symptoms listed below, indicate where they are by writing in the following letter on the affected body part:

Types of Pain

B=Burning
N=Numbness
S=Stabbing
A-Aching
P=Pins and Needles

Front



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