CHIROPRACTIC NEW PATIENT FORM

REGATTA CHIROPRACTIC AND LASER CENTER

PATIENT INFORMATION

PATIENT NAME_____

ADDRESS _____

CITY_____ STATE_____ ZIP_____

HOME PHONE _____

CELL PHONE _____

EMAIL _____

SEX M F AGE _____ BIRTHDAY_____

☐ Married ☐ Widowed ☐ Single ☐ Minor

☐ Separated ☐ Divorced ☐ Partnered

HISTORY OF CHIROPRACTIC CARE: No If Yes; when_____

PRIMARY CARE PHYSICAN_____

OTHER PHYSICANS_____

IN CASE OF EMERGENCY, CONTACT

NAME _____

RELATIONSHIP _____

CONTACT NUMBER _____

Who may we thank for referring you? _____

INSURANCE COMPANY NAME _____

NAME OF CARDHOLDER _____

HOW CAN WE HELP YOU?

WHAT BRINGS YOU IN TODAY?_____

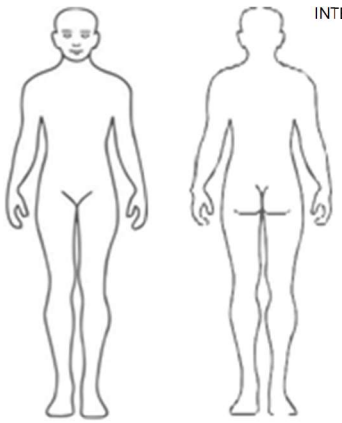
IF YOU ARE ALREADY EXPERIENCING A SYMPTOM, WHAT IS IT? _____

WAS THIS INJURY FROM A CAR ACCIDENT? IF YES, WHEN? _____

HOW BAD IS IT? HOW INTENSE ARE YOUR SYMPTOMS? (CIRCLE) **0 1 2 3 4 5 6 7 8 9 10**

NO SYMPTOMS INTENSE SYMPTOMS

PLEASE CIRCLE AREAS TO THE RIGHT WHERE YOU HAVE PAIN OR OTHER SYMPTOMS:



WHAT DOES IT FEEL LIKE? (CHECK WHERE APPROPRIATE)

☐ Numbness	☐ Sharp
☐ Tingling	☐ Shooting
☐ Stiffness	☐ Burning
☐ Dull	☐ Throbbing
☐ Aching	☐ Stabbing
☐ Cramping	☐ Swelling
☐ Nagging	☐ Other _____

IMPACT OF YOUR SYMPTONS

How is this symptom / condition interfering with your life? (check where appropriate)

	No Effect	Mild Effect	Moderate Effect	Severe Effect		No Effect	Mild Effect	Moderate Effect	Severe Effect
Work	☐	☐	☐	☐	Energy	☐	☐	☐	☐
Exercise	☐	☐	☐	☐	Attitude	☐	☐	☐	☐
Recreation	☐	☐	☐	☐	Patience	☐	☐	☐	☐
Relationships	☐	☐	☐	☐	Productivity	☐	☐	☐	☐
Sleep	☐	☐	☐	☐	Creativity	☐	☐	☐	☐
Self-Care	☐	☐	☐	☐	Other_____	☐	☐	☐	☐

How committed are you to correcting this issue? **0 1 2 3 4 5 6 7 8 9 10**

NOT COMMITED VERY COMMITED

PATIENT WELLNESS ASSESSMENT

ILLNESS-WELLNESS CONTINUUM

On a scale from **1** (Excellent Health) to **10** (Pre-Mature Death), where do you see your health:_____

What do you do for exercise: _____

How frequently do you exercise and how long:_____

ALLERGIES, MEDICATIONS & SUPPLEMENTS

ALLERGIES (LIST)	MEDICATIONS (LIST)	SUPPLEMENTS (LIST)
_____	_____	_____
_____	_____	_____
_____	_____	_____

HEALTH & ILLNESS HISTORY

Please check the box beside any condition that you have or have had.

- ☐ AIDS/HIV
- ☐ Alcoholism
- ☐ Anxiety
- ☐ Arteriosclerosis
- ☐ Arthritis
- ☐ Asthma/Allergies
- ☐ Back Pain
- ☐ Blood Clot
- ☐ Cardiovascular Issues
- ☐ Cancer
- ☐ Carotid Artery Blockage
- ☐ Circulation Issues
- ☐ Childhood Illness
- ☐ Depression
- ☐ Diabetes
- ☐ Digestive Issues (Constipation/Diarrhea/GERD/IBS)
- ☐ Elbow/Wrist/Hand Issues
- ☐ Endocrine Issues (Thyroid)
- ☐ Foot/Ankle Issues
- ☐ Gout
- ☐ Headaches / Migraines
- ☐ Heart Disease
- ☐ Hepatitis
- ☐ Hip Issues
- ☐ Immune Issues
- ☐ Lymphatic Issues
- ☐ Multiple Sclerosis
- ☐ Neck Pain
- ☐ Recreational Drug
- ☐ Reproductive Issues
- ☐ Ringing in Ears
- ☐ Scoliosis
- ☐ Shoulder Issues
- ☐ Stroke
- ☐ Thyroid
- ☐ TMJ Issues
- ☐ Urinary Issues
- ☐ Osteoporosis
- ☐ Other _____

_____

CHILDREN & PREGNANCY

How many children do you have? _____

Children's ages? _____

Children's health concerns? _____

Are you currently pregnant? NO YES, I am due _____

Number of past pregnancies? _____

Health concerns regarding pregnancy? _____

SLEEP

What is your normal sleeping position: _____

How many hours of sleep on average per night: _____

How is your sleep: _____

REGATTA
CHIROPRACTIC AND LASER CENTER

Acknowledgement of Privacy Practice
** You May Refuse to Sign This Acknowledgement***

I, _____, have received a copy of this office's Privacy Policy.
Name of Patient

_____ _____
Signature of Patient/Parent/Guardian Date

Authorization to Release/Discuss Information

I, _____, being of legal age, give Shawna Hogan, D.C. authorization to release and discuss my health and dental information with the person/persons listed below.

_____ Parents Name(s) _____ Home # _____ Cell # _____ Work # _____

_____ Spouse Name _____ Home # _____ Cell # _____ Work # _____

_____ Other Name(s) _____ Home # _____ Cell # _____ Work # _____

This authorization will stay in effect unless I request that it be changed.

_____ _____
Signature Date

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