

Confidential Patient Information

(Please Print)

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex: M F Marital Status: M S W D No of Children \_\_\_\_\_

Your Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Years on Job \_\_\_\_\_

Employer Address \_\_\_\_\_ Email Address \_\_\_\_\_

Work Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

If Minor, Name of Parent/Guardian \_\_\_\_\_

Describe the Major complaints that bring you to our office  
\_\_\_\_\_  
\_\_\_\_\_

Is your visit due to an accident? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Accident. \_\_\_\_\_

Type of accident: Auto \_\_\_\_\_ Work / On the Job \_\_\_\_\_ At Home \_\_\_\_\_ Other \_\_\_\_\_

Have you ever been in an auto accident? Past year \_\_\_\_\_ Past 5 years \_\_\_\_\_ Over 5 years \_\_\_\_\_ Never \_\_\_\_\_

How were you referred to our office? Friend/Family \_\_\_\_\_ Name \_\_\_\_\_  
Newspaper \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Sign \_\_\_\_\_ Other \_\_\_\_\_

I (we) hereby agree to pay for services rendered to the above mentioned patient as the charge is incurred.

Method of Payment you plan to use to take care of today's charges:

Check \_\_\_\_\_ Cash \_\_\_\_\_ Visa/MC \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

**Please Check All Symptoms Present:**

**CARDIOPULMONARY**

- general swelling
- swelling in legs
- chest pain
- pounding heart beat
- heart "jumps"
- rapid heart beat
- blue or purple skin
- Blue or purple nail beds
- shortness of breath
- difficulty breathing when
  - lying down
  - sitting up
- asthma
- hypertension
- double vision
- loss of coordination
- irregular muscle movement
- ringing in ears
- heart attack
- high blood pressure
- low blood pressure
- hardening of the arteries
- irregular heart beat
- areas of muscle weakness
- dizziness with nausea
- dizziness without nausea
- blurred vision
- check if you smoke
- check if you are taking birth control pills
- fainting spells
- stroke
- diabetes
- pain over the heart
- cold hands and/or feet
- areas of numbness
- arthritis of the neck
- previous neck or head injury
- loss of memory
- inability to form words (talk plainly)
- periods of blindness in one eye
- areas of abnormal sensations like burning
- blood vessel disease (phlebitis etc)
- check if any of your family members have had a stroke

**HEAD**

- unusually frequent headache
- unusually severe headache
- head feels heavy
- vertigo
- light-headedness
- loss of smell
- loss of taste
- loss of balance

**EYES, EARS, NOSE**

- light bothers eyes
- pain in ears
- nose bleeds
- sinusitis
- allergies

**NECK**

- pain in the neck
- neck pain with movement
- stiff neck
- pinched nerve in neck
- neck feels out of place
- muscle spasms in neck
- grinding/popping sounds
- limited neck movement

**SHOULDERS**

- pain in shoulders ( R L )
- pain across the shoulders
- tension in shoulders
- muscle spasms in shoulders
- can't raise arm:
  - above shoulder level
  - over head

**ARMS & HANDS**

- pain in arm ( R L )
- pain in hand ( R L )
- sensation of pins & needles
  - in arm ( R L )
  - in hand ( R L )
- swollen joints in fingers
- sore joints in fingers
- loss of grip strength

**MID BACK**

- mid back pain
- pain between shoulder blades
- sharp stabbing pain
- dull ache
- pain from front to back
- pain over kidney area
- muscle spasms in mid back

**LOW BACK**

- low back pain
- low back feels out of place
- muscle spasms in lower back

**HIPS, LEGS & FEET**

- pain in buttock area
- pain down leg ( R L )
- pain in knee ( R L )
- leg cramps
- pins & needles in legs ( R L )
- numbness in legs ( R L )
- swollen ankles ( R L )
- swollen feet ( R L )
- foot pain ( R L )

**FEMALES ONLY**

- painful period
- premenstrual symptoms
- lumps in breast
- check if you are or think you may be pregnant

**GASTROINTESTINAL**

- indigestion
- abdominal pain
- change in bowel habits
- diarrhea
- constipation
- hiatal hernia
- stomach discomfort / pain

**GENITOURINARY**

- Urination is:
  - frequent
  - normal
  - infrequent
- Amount is:
  - high
  - normal
  - low
- need to get up at night to urinate
- abnormal intense desire to urinate
- difficulty starting urination
- pain on urination
- dribbling
- blood in urine
- lack of bladder control

**SOCIAL HISTORY**

- alcohol use
- drink coffee or tea
- Rest is
  - sufficient
  - insufficient
- stress is moderate to high
- Diet is:
  - balanced
  - unbalanced
- AIDS
- Venereal Disease