

CONFIDENTIAL PATIENT INFORMATION

※ Should you have any questions filling out this form, please feel free to ask the receptionist.

1. Name : _____ Sex : M · F 2. Address : _____

3. Phone (House) : _____ City : _____ State : _____
(Cell) : _____ ZIP : _____

4. D.O.B. : _____ / _____ / _____ Age : _____
(MONTH) (DATE) (YEAR) 5. Martial Status : S · M · D · W

6. Number of Children : _____ 7. Email: _____

8. Occupation : _____ 9. Spouse's Name : _____
Employer : _____ Occupation : _____

Address : _____ 10. **Emergency Contact Info**

Phone : _____ Name : _____

e-mail : _____ Phone : _____

11. Driver's License : _____ Relationship : _____

12. Where did you hear about us ?
Friend : _____ Magazine : _____ Other : _____

13. Do you have insurance ? NO YES
Insurance Company : _____ ID# : _____

14. Last visit to a Doctor's office : _____ / _____ / _____
(MONTH) (DATE) (YEAR)

15. Have you had any surgery before ? NO YES If so, when ? _____
What kind of surgery was performed ? _____

16. Have you ever been severely injured ? NO YES If so, when ? _____
What ? _____

17. Please check any of the following that applies :
 Dizziness Pain in joints Gastroenteritis Arthritis Poor Blood Circulation
 Back pain Head ache Nervousness Cancer Shiver
 Heart Disease Numbness Rhinitis / Nasal Inflammation Shortness of Breath Strain
 Diabetes Asthma Anemia
 Tuberculosis Neuralgia

18. Reason for today's visit : _____

19. Have you visited any other Doctor(s) with the same symptom ? NO YES

20. Within the past year, have you had any treatment(s) performed by a Doctor ? NO YES
If so, what kind of treatment(s) ? _____

Currently, are you under any medication ? _____

©I hereby approve the Doctor to bill directly to my Insurance Company, and to receive payment directly from my Insurance Company. I understand any amount not covered by my Insurance Company will be my responsibility.

Name (please print) : _____

Signature : _____ SS# : _____ Date : _____

If under the age of 18, Signature of the Guardian : _____ Date : _____