

# New Patient Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ / Male Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_ Status: Single Married Partnered Divorced Widowed

Spouses name: \_\_\_\_\_ Women Only: Pregnant? Yes No

Names/Age of children: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Name/Address: \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

## Rate your health and wellness.

Place an 'X' that denotes where you believe is your current level of wellness.

Place an 'O' indicating where you would like your wellness to be.



## YOUR HEALTH PROFILE

Please list your health concerns.	Rate of Severity 1=Mild 10= Worst	When did this episode start?	Have you had this issue before? When?	Did the problem begin with an injury?	% of the time pain is present

- Since the problem started it is; \_\_\_\_\_ the same \_\_\_\_\_ getting better \_\_\_\_\_ getting worse
- What makes the problem worse? \_\_\_\_\_
- What, if anything, makes the problem feel better? \_\_\_\_\_
- Does this interfere with your; \_\_\_Leisure \_\_\_Work \_\_\_Sleep \_\_\_Sports \_\_\_Other

➤ Have you seen other doctors for this condition?  Chiropractor  MD  Other: \_\_\_\_\_

Dr. Name/Address: \_\_\_\_\_ Date: \_\_\_\_\_

What was the diagnosis: \_\_\_\_\_

➤ Have you had an x-ray, MRI or CT Scan in the past year? \_\_\_\_\_ Area of body?

\_\_\_\_\_

➤ Please list all medications you are taking, and why; (Prescription and non-prescription)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

➤ Please list all nutritional supplements, vitamins, and homeopathic remedies that you presently take and why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

➤ Have you had any surgeries and/or hospitalizations?  Yes  No

If yes, briefly explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

➤ Have you ever had any work related injuries?  Yes  No

If yes, briefly explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

➤ Have you ever had any slips, falls or auto accidents?  Yes  No

If yes, briefly explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

➤ On a scale of 1 to 10 (1 = none, 10 = extreme), describe your emotional/psychological/lifestyle stress levels:

Scale = \_\_\_\_\_ Occupational stress: \_\_\_\_\_

Scale = \_\_\_\_\_ Personal stress: \_\_\_\_\_

\_\_\_\_\_

Please check all symptoms (now or in the past) you have ever had, even if they do not seem related to your current problem.

Current Past

- Headaches/Migraines
- Pins & needles in arms
- Pins & needles in legs
- Dizziness
- Numbness in fingers
- Fatigue
- Sleeping problems
- Tension
- Ulcers
- Buzzing in ears
- Ringing in ears
- Numbness in toes
- Depression
- Constipation
- Menstrual pain
- Menstrual irregularity

Current Past

- Irritability
- Cold hands
- Cold feet
- Fever
- Urinary problem
- Fainting
- Eyes bothered by light
- Stomach upset
- Diarrhea
- Cold sweats
- Mood swings
- Loss of smell
- Loss of taste
- Back pain
- Neck pain
- Stiff neck

Current Past

- Scoliosis
- Asthma
- Seizures
- Sinus Issues
- Diabetes
- Heart Disease
- Allergies
- Epilepsy
- Arteriosclerosis
- Cancer
- High Blood Pressure
- Stroke
- Nervousness
- Gout
- Arthritis
- Low Blood Sugar

Please check all that are relevant.

Do you:

- Drink Water - ½ your body weight in ounces
- Exercise regularly
- Take vitamins or supplements

Would you like to know more about:

- Proper Nutrition and meal planning
- Proper exercise routines and techniques
- How to deal with LifeStyle stress

Consultation .....	Free
New Patient Examination.....	\$90
Radiographs (x-ray) .....	\$80
Adjustment.....	\$37
Re-examination after 12 visits.....	\$25
Creating Wellness Assessment for Practice Members.....	\$65

I have elected to use the following payment plan to finance my care at Taulman Chiropractic Family Wellness:

- Cash/MasterCard or Visa – Payment is due at time of service.
- Insurance Policy/HSA coverage – Although I am totally responsible for charges I may incur in this office. I will initially pay for my yearly deductible and co-payments for each visit. If my insurance fails to pay its share, I will be responsible for paying my balance in full. I will notify the front desk of any changes in policy coverage.
- Medicare – Payment is due at time of service. Taulman Chiropractic will assist in completing Medicare forms on my behalf. Medicare may only cover chiropractic adjustments for acute care.
- Pre-Pay Plans Save \$\$\$

Note: Taulman Chiropractic will refund any overpayments made to us upon completion of care. The patient agrees that they are responsible for all bills incurred at this office, as well as court costs, attorney fees, and/or collection fees.

### Practice's Privacy Requirements

The Practice:

1. Is required by law to maintain the privacy of your PHI and to provide you with the Privacy Notice of the Practices legal duties and privacy practices with respect to your PHI.
2. Is required to abide by the terms of this privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains.
3. Reserves the right to change the terms of the Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains.
4. Will not retaliate against you for making a complaint.
5. Must make a good faith effort to obtain from you an acknowledgement of receipt of this Notice.
6. Will provide this Privacy Notice to you by e-mail if you so request. However, you also have the right to obtain a paper copy of this Privacy Notice. Effective date: April 14, 2003.

**Thank you for filling out this form.  
It is your first step to Creating Wellness!**

I consent to a professional and complete chiropractic examination, and to any radiographic examination that the doctor deems necessary. I understand that all fees for services rendered are due at the time of service and cannot be deferred to a later date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and fully understand Terms of Acceptance: \_\_\_\_\_

Please return this form to our staff and someone will be right with you.