Dr. Brian Roadhouse
Chiropractic Physician

NEW PATIENT INFORMATION

Name _____ Date _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Address _____ City _____ State _____ Zip _____

Social Security # _____ Birth Date _____ Age _____ Male ☐ Female ☐

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed Number of Children _____

Occupation _____ Employer _____

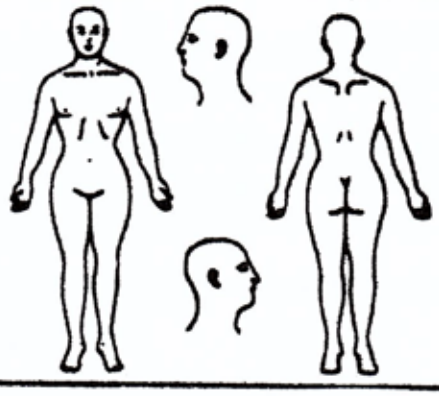
Have You Had Chiropractic Care Before? ☐ Yes ☐No If so, When? _____

Date Of Last Physical _____ Family Physician _____

List Your Chief Symptoms In Order Of Severity:

1. _____ For How Long? _____
2. _____ For How Long? _____
3. _____ For How Long? _____

Please mark your areas of pain on the figures below.



What functions are you unable to perform or induce pain upon performance? List in order of severity. (Example: sitting, walking, bending, lying, etc.)

1. _____
2. _____
3. _____
4. _____

When did your symptoms start?

1. _____

_____

Is this injury work related? ☐ Yes ☐ No Have you reported it to your employer? ☐ Yes ☐ No

Is this injury related to an automobile accident? ☐ Yes ☐No

How frequent is the pain? ☐ Daily ☐Constant ☐ Upon Activity ☐Intermittent

☐ Other _____

How did it happen? _____

Describe the pain: ☐ Sharp ☐ Dull ☐ Ache ☐ Throbbing ☐ Tight ☐ Sore ☐ Pressure

☐ Other _____

What makes it worse? _____

What makes it better? _____

Is the pain worse in the: ☐ Morning ☐ Evening ☐ No Difference

Does the pain radiate to any other parts of your body? _____

What medications have you taken for this? _____

Other doctors seen for this condition _____

Have you had any previous treatment for this or similar conditions? ☐ No ☐ Yes

If yes explain _____

Have you eve been in an auto accident? ☐ Yes ☐ No

Please Describe_____

Have you ever had a Workers' Compensation Injury? ☐ Yes ☐ No When?_____

Is there a history of back problems in your family? ☐ Yes ☐ No Describe _____

Referred by: _____

FAMILY HISTORY

Name of Spouse _____ Occupation _____ Employer _____

Ages of Children _____ If Female are you pregnant? ☐ Yes ☐ No

Patient's Nearest Relative _____ Phone _____

Are you or have you ever been diagnosed with cancer? _____

Check Symptoms that apply:

☐ Headache	☐ Irritability	☐ Shortness of Breath	☐ Neck Pain
☐ Chest Pain	☐ Leg Pain	☐ Neck Stiffness	☐ Numbness/Tingling in Legs
☐ Head seems heavy	☐ Numbness in Toes	☐ Numbness/Tingling in Arms	☐ Dizziness

☐ Other _____

Other pertinent information: _____

Will we be filing this on your insurance? ☐ Yes ☐ No Insurance Company _____

Insurance ID _____ Group# _____

Secondary Insurance Company _____ ID#_____

INSURANCE INFORMATION

I understand and agree that health and accident policies are an arrangement between and insurance carrier and myself. Furthermore, I understand that this chiropractic office will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to this chiropractic office will be credited to my account on receipt. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable.

Signature _____

CONSENT OF PROFESSIONAL SERVICES AND RELEASE OF INFORMATION

I hereby authorize Dr. Brian Roadhouse and whomever he may designate as his assistants to administer treatment, physical examination, x-ray studies, laboratory procedures, chiropractic care, or any clinic services that he deems necessary in my case; and I further authorize him to disclose all or any part of my (Patient) record to any person or corporation which is or may be liable under a contract to the clinic, to the patient, family member, or employer of the patient for all or part of the clinic's charge, including, and not limited to, hospital or medical services companies, insurance companies, workers' compensation carriers, welfare funds, or the patient's employer.

Signature _____