

# Frontier Chiropractic and Imaging Center

## Patient Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Referred By \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Marital Status \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ (this is only used for our monthly newsletters/specials)

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Date your symptoms began: \_\_\_\_\_ (mm/dd/yyyy)

Briefly describe your symptoms: \_\_\_\_\_

How did your symptoms start? \_\_\_\_\_

### Average pain intensity:

Last 24 hours: no pain 0 1 2 3 4 5 6 7 8 9 10 worst pain

Past week: no pain 0 1 2 3 4 5 6 7 8 9 10 worst pain

### How often do you experience your symptoms?

- 1 - Constantly (76% - 100% of the time) 2 - Frequently (51% - 75% of the time)  
3 - Occasionally (26% - 50% of the time) 4 - Intermittently (0% - 25% of the time)

### How much have your symptoms interfered with your daily activities?

- 1 - Not at all 2 - A little bit 3 - Moderately 4 - Quite a bit 5 - Extremely

### In general, would you say your overall health right now is?

- 1 - Excellent 2 - Very good 3 - Good 4 - Fair 5 - Poor

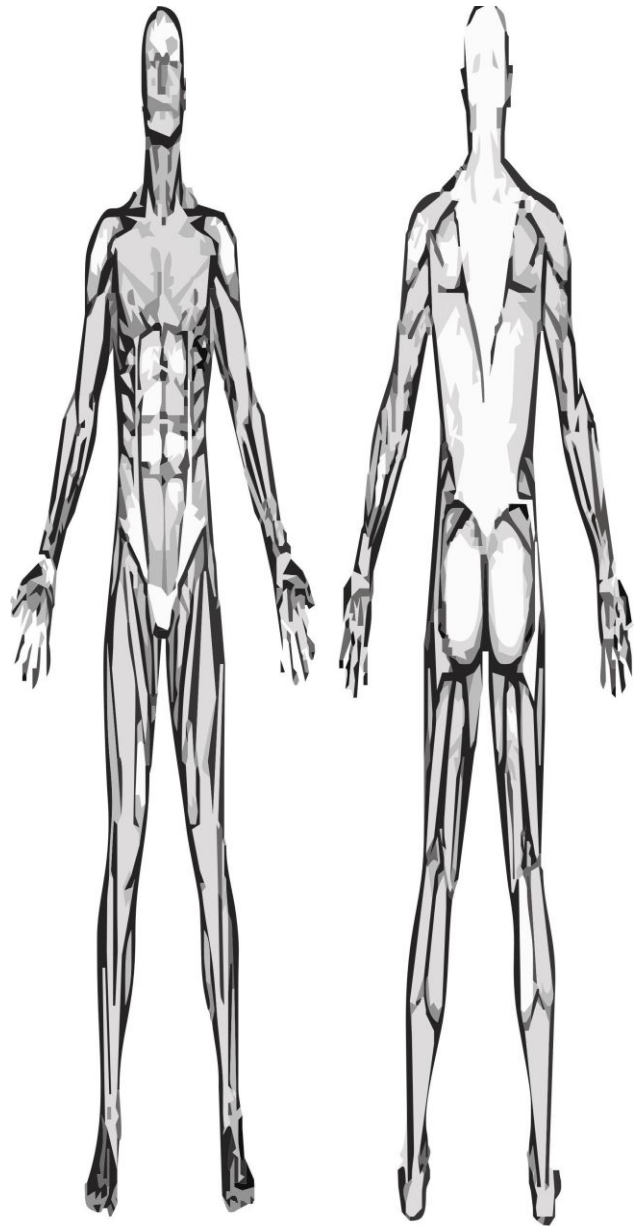
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I agree that all the information provided above is accurate. I understand that health/accident insurance policies are an agreement between my insurance carrier and myself. I understand and agree that all service's rendered to me and charged are my personal responsibility for timely payment. I understand that if I suspend or terminate my care/treatment, any fee for professional services rendered to me will be immediately due and payable.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please indicate on the models where you are having pain or other symptoms such as burning, numbness, pins and needles, stabbing or ache.**

**Have you ever suffered from:**

- Alcoholism
- Allergies
- Anemia
- Arthritis
- Asthma
- Back Pain
- Bruise Easily
- Cancer
- Chest pain
- Constipation
- Cramps
- Depression
- Diabetes
- Digestion Problems
- Dizziness
- Eye Pain
- Fatigue
- Hemorrhoids
- High Blood Pressure
- Hot Flashes
- Irregular Heart Beat
- Kidney Infection
- Kidney Stones
- Loss of Memory
- Lumps in Breast
- Neck Pain or Stiffness
- Nervousness
- Pacemaker
- Poor Posture
- Prostate Trouble
- Sciatica
- Shortness of Breath
- Sleep Problems/Insomnia
- Spinal Curvatures
- Stroke
- Swelling of Ankles
- Swelling of Joints
- Thyroid Condition
- Tuberculosis
- Ulcers
- Other: \_\_\_\_\_



\*Please note, all information filled out on this form is strictly confidential.