

PATIENT INFORMATION

Genesis Chiropractic Health Center 4678 Slater Rd Eagan, MN 55122

Name _____ Today's Date: _____ DOB: _____ Age _____
Address _____ City _____ State _____ Zip _____
Home : (____) _____ Cell: (____) _____ Work: (____) _____ Gender M F
Significant Other's Name _____ Children Names/Ages _____
Employer _____ Type of Work _____
E-Mail Address: _____ Have you been to a chiropractor before? No Yes
Preferred contact: Home Cell Work Email
Emergency Contact _____ Phone # _____
Most patients are referred to us by a caring family member or friend. How or who referred you? _____
Name of Medical Doctor(s) _____

- I authorize the doctor or his staff to render care as deemed appropriate for me and /or my child.
- I authorize the release of and / or request records to or from other providers as may be necessary.
- I understand I am responsible for all bills incurred in this office.
- I authorize assignment of my insurance benefits (if applicable) directly to the provider.
- Person responsible for this account if other than the patient? _____
- I understand that after any initial promotional services all care is rendered at usual and customary fees.
- For my balance my preferred payment method is: Cash Check Credit Card Car/Work Ins.

Patient / Parent Signature (This represents authorization for all occasions of service)

Date

Health Concerns

Please list concerns in order of importance:

1. _____ How long has this been an issue? _____

Is it: Dull Sharp Numb / Tingle Stabbing Constant

Same Getting Better Worse Pain radiates to _____

2. _____ How long has this been an issue? _____

Is it: Dull Sharp Numb / Tingle Stabbing Constant

Same Getting Better Worse

3. _____ How long has this been an issue? _____

Is it: Dull Sharp Numb / Tingle Stabbing Constant

Same Getting Better Worse

Does your condition affect: Sleep Work Leisure Sports Other

What makes concern #1 better?

What makes concern #1 worse?

Have you seen other doctors for this condition? (check all that apply)

Chiropractor MD Other Name/Address _____

Type of treatment: _____

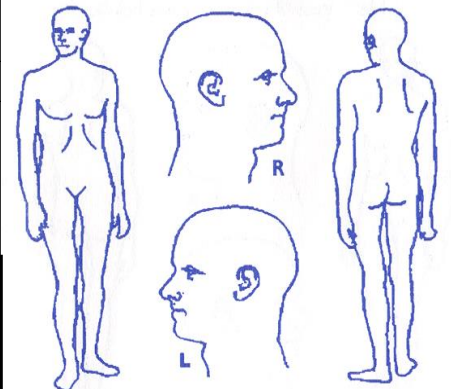
Results: _____

NOTES: _____

Are you pregnant?

Yes No

Please mark All areas of concern.



HEALTH HISTORY

Genesis Chiropractic Health Center 4678 Slater Rd Eagan, MN 55122

Have you had surgeries/or hospitalizations?

Auto and Work related injuries can cause serious spinal problems. Is this visit related to an auto or work injury? Yes No

If Yes, please explain Auto injuries: _____

Was care received? Yes No

List any past work injuries: _____

List any past sport, recreational, or home injuries _____

Please MARK all symptoms and Health Concerns you have every had:

Past Present

- Headaches/Migraines
- Cold Hands or Feet
- Leg / Numbness in toes
- Eating Disorders
- Ringing in Ears
- Fatigue
- Medication Side Effects
- Arthritis
- Trouble Walking
- Allergies / Asthma
- Diabetes
- Sleeping Problems
- Depression
- Buzzing or Ringing in ears
- Alcohol Use
- Constipation
- Menstrual Pain
- Easy Bruising
- Vision Problems

Past Present

- Urinary Problems
- Digestive Problems (Upset stomach/Diarrhea)
- Kidney Problems
- Thyroid Problems
- Liver Disease
- Gall Bladder Trouble
- HIV Positive
- Cancer
- Shortness of Breath
- Blood Thinner use
- ___High or ___Low Blood Pressure
- Stroke History
- High Cholesterol
- Fibromyalgia
- TMJ
- Pain in Neck Back
- Pain in wrist Shoulder Knee Foot/ankle
- Chest Pains
- Heart Pacemaker /Heart Conditions

Please list all medications you are taking and why:

PAST HISTORY

Stress can cause or accelerate spinal damage. Using a scale 1-10 (1=none, 10=extreme), rate stress levels in past 90 days:

Occupational _____ Personal _____

Poor posture leads to poor health and may indicate spinal problems. How would you rate your posture?

Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Please rate your habits regarding the following (1=poor, 10=Excellent):

Eating _____ Body Weight _____ Exercise _____ Sleep _____ Energy _____ Digestion _____ Overall Wellness _____

PERSONAL GOALS

Do you have health/wellness goals? If so what are they: _____
