Confidential Patient Information

Name _____ Phone: H _____ C _____

Address _____ City _____ ST _____ ZIP_____

Age _____ Date of Birth _____ Marital Status (Circle One) M S D W

Spouse's Name _____ # of Children _____

Email Address _____ Social Security Number ____-_____-____

Occupation _____ Employer _____

Work Address _____ City _____ ST _____ Zip _____

Who may we thank for referring you to our office? _____

Have you ever had Chiropractic care before? (Circle one) Yes No Date _____

Is this injury or illness related to an auto accident? Yes No (If yes, please continue.)

Date _____ Location _____ Policy # _____

Your Auto Insurance Co. _____ Phone _____

Third Party Auto Insurance Co. _____ Phone _____

Due to changes in health insurance fees, patient courtesy billing has become a much more cost effective way for you, the patient to get reimbursement for your care. Self-billing allows us to keep our fees low so you can get the care you need without any added cost. Therefore, our policy is that all payment is due at the time of service and bills will be electronically submitted to your insurance provider. All payments from your insurance provider will be mailed directly to you. Statements after submission will be provided upon request.

Do you have any health insurance you would like us to check the benefits on? Yes No

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All charges are due when services are rendered…
Method of payment: ( ) Check ( ) Cash ( ) Credit Card

Why Chiropractic? People go to Chiropractors for a variety of reasons. Some go for Symptomatic relief of pain or discomfort (Relief Care). Others are interested in having the cause of a problem as well as the symptoms corrected and relieved (Corrective Care). Your Doctor will weigh your needs and desires when recommending your treatment program. **Please Circle the type of care that best meets your needs.**

Relief Care
Relief care is that care necessary to get rid of your symptoms or pain, but not the cause of it. It is the same as drying a floor that was getting wet from a leak, but not fixing the leak.

Corrective Care
Corrective Care differs from relied care in that the goal is to get rid of the symptoms or pain while correcting the cause of the problem. Corrective care caries in length of time but is more lasting.

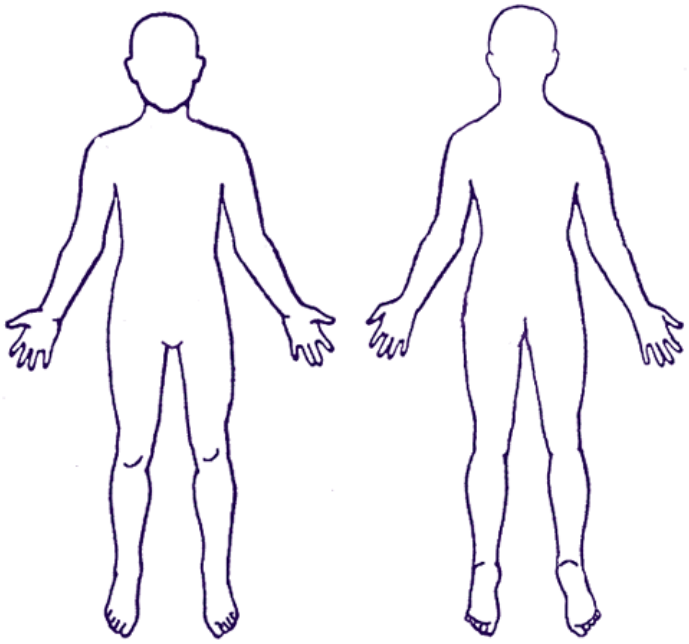
I authorize Potocki Family Chiropractic and Laser center Inc to render services to me and I am responsible for all charges incurred.

Patient Signature _____ Date _____

Guardian or Spouse's authorizing care _____

THANK YOU FOR ALLOWING US TO SERVE YOU!

PLEASE MARK AN X IN THE DIAGRAM BELOW WHERE YOUR PROBLEMS ARE



Front Back

Name _____ Date_____

What hurts and how long has it hurt?

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

List your chief complaints in order of severity.

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

List other Chiropractic or Medical Doctors you have consulted for these conditions.

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

Check any of the following you have had in the last six months:

( ) Headaches
( ) Sinus congestion / allergies
( ) Vision Problems
( ) Earaches
( ) Dizziness
( ) Heart problems
( ) Lung problems / congestion
( ) Blood pressure problems
( ) Ankle swelling
( ) Prostate / sexual dysfunction
( ) Menstrual cycle dysfunction
( ) Numbness
( ) Frequent nausea / vomiting
( ) Abdominal cramps
( ) Constipation
( ) Diarrhea
( ) Poor / excessive appetite
( ) excessive thirst
( ) Painful / excessive urination
( ) Discolored urine
( ) Diabetes
( ) Cancer

Are you pregnant? ( ) Yes ( ) No ( ) Not sure