

# Health History

Name \_\_\_\_\_ Date \_\_\_\_\_  
Prefer to be called \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone Hm \_\_\_\_\_ Wk \_\_\_\_\_ Cell \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
How did you hear about our office? \_\_\_\_\_

## Insurance Information

Primary Insurance \_\_\_\_\_ ID# \_\_\_\_\_  
Cardholder's Name \_\_\_\_\_ Relation \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Secondary Insurance \_\_\_\_\_ ID# \_\_\_\_\_  
Cardholder's Name \_\_\_\_\_ Relation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Have you ever received chiropractic care before? \_\_\_\_ Who \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Call in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

## Your Family

Marital Status M S D W Spouse's Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Children Name and Ages \_\_\_\_\_

## Present Complaints

What brings you in to the office today? \_\_\_\_\_  
\_\_\_\_\_  
When and how did it begin? \_\_\_\_\_  
If Painful please describe \_\_\_\_ sharp \_\_\_\_ dull \_\_\_\_ achy \_\_\_\_ other \_\_\_\_\_  
Rate 0-10 0 is no pain \_\_\_\_\_ Is the pain constant? \_\_\_\_ intermittent? \_\_\_\_  
If painful does it travel \_\_\_\_\_

Where you injured \_\_\_ at work? \_\_\_ auto? Explain \_\_\_\_\_

Were you hospitalized \_\_\_\_\_ Were X-rays taken \_\_\_\_\_ Was an MRI performed? \_\_\_\_\_

### Agitations and Reliefs

What activities increase your present complaints? \_\_\_\_\_

What activities decrease your present complaints? \_\_\_\_\_

Is it worse during certain parts of the day? \_\_\_\_\_

Has anyone in your family experienced this problem before? \_\_\_\_\_

Is it getting worse? \_\_\_\_\_ Any previous treatments? \_\_\_\_\_

### Your History

Medications and vitamin supplements \_\_\_\_\_

What other health concerns do you have? \_\_\_\_\_

Previous Broken Bones \_\_\_\_\_

Previous Surgeries \_\_\_\_\_

### Family History

	Diabetes	High Blood Pressure	Heart Disease	Cancer
You				
Father's Family				
Mother's Family				

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

## Policy Disclosure

It is our policy to require a credit or debit card (we accept Visa and Master Card) be on file to secure any outstanding bills.

We will only use this card in the event that a statement has been sent three (3) separate times with no response or payment. Any charges will appear on your monthly credit card statement as Kanawha Valley Family Chiropractic. All of your credit card information will be kept in a secure location with limited access.

If you like we will use your credit or debit card to pay for your charges automatically. Of course you may still pay for services with cash or a check but this is an option if you like. If it is your choice to pay via the below card we will make the charges on the 15<sup>th</sup> of the month. Initial here to do so \_\_\_\_\_

Notification by phone will be made on any debit card transactions unless otherwise agreed to. We will not delay any debit card transaction more than two (2) business days.

Name \_\_\_\_\_ Name on Card (if different) \_\_\_\_\_

Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_

I authorize Kanawha Valley family Chiropractic to charge my credit card only in the events described above.

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