

Application For Care At Braddock Chiropractic And Family Wellness

All information you supply is confidential. We comply with all federal privacy standards.

*Please complete all *Required fields*

1) Complete Name:

2) Birth Date:

3) Age:

4) Gender: Male Female

5) ARE YOU PREGNANT?

YES

NO

6) Street Address:

7) City:

8) State:

9) ZIP:

10) Email:

11) Phone Number:

12) Cell Phone Provider:

13) Marital Status: Single Married

14) Do you have Insurance? Yes No

15) Social Security #

16) Drivers License #

17) Occupation:

18) Spouses Name:

19) Spouses Employer:

20) Who May We Thank For Referring You?

Facebook

Google

Instagram

Mailer

Other

21) Who Referred You?

22) Name of Emergency Contact:

23) Phone Number of Emergency Contact:

24) Relationship to Emergency Contact:

25) Primary Complaint:

26) On a scale of 1 to 10 how would you rate this pain:

1

2

3

4

- 5
 - 6
 - 7
 - 8
 - 9
 - 10
-

27) When did it begin?

28) How did it begin?

29) Do you have a secondary complaint? Yes No

30) Secondary Complaint:

31) On a scale of 1 to 10 how would you rate this pain:

- 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10
-

32) When did it begin?

33) How did it begin?

34) Do you have a third complaint? Yes No

35) Third Complaint:

36) On a scale of 1 to 10 how would you rate this pain:

- 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10
-

37) When did it begin:

38) How did it begin:

39) What relieves your symptoms?

40) What makes your symptoms feel worse?

41) Is your problem the result of ANY type of accident?

- Yes
 - No
-

42) Please describe the accident:

43) How does this affect your daily activities? For example, while at work or while driving:

44) Have you suffered with any of this or a similar problem in the past?

Yes

No

45) How many times?

46) When was the last episode?

47) Have you seen a chiropractor previously?

Yes

No

48) When was your last chiropractic examination?

49) Who was the chiropractor?

50) Rate your previous chiropractic experience: 1 2 3 4 5

51) Please explain why you felt that way:

Past/Current Conditions

If you have ever been diagnosed with any of the following conditions, please indicate whether it was in the Past, Currently have, or have Never had:

52) Stroke: Past Currently Never

53) Broken Bone: Past Currently Never

54) Dislocations: Past Currently Never

55) Tumors: Past Currently Never

56) Cancer: Past Currently Never

57) Heart Attack: Past Currently Never

58) Osteo Arthritis: Past Currently Never

59) Diabetes: Past Currently Never

60) Other serious conditions: Past Currently Never

61) Describe your other serious conditions:

62) Please describe any other injuries or accidents:

63) Please describe any surgeries:

64) Please describe any childhood diseases:

65) Medications:

66) If you smoke, how often?

- Daily
 - Weekends
 - Occasionally
 - I do not smoke
-

67) If you consume Alcoholic Beverages, how often?

- Daily
 - Weekends
 - Occasionally
 - I do not consume alcohol
-

68) If you use Recreational Drugs, how often?

- Daily
 - Weekends
 - Occasionally
 - I do not use recreational drugs
-

69) How does your present problem affect the following: Hobbies, Recreational Activities, Exercise Regime:

70) Does anyone in your family suffer with the same conditions?

- Yes
 - No
-

71) Who in your family suffer with the same conditions?

- Grandmothers
- Grandfather(s)
- Mother
- Father
- Sisters
- Brothers
- Son(s)

Daughter(s)

72) Have they ever been treated for their condition?

- Yes
 No
 I do not know
-

73) Any other hereditary conditions the doctor should be aware of?

- Yes
 No
-

74) Describe your other hereditary conditions:

INFORMED CONSENT

Please read and acknowledge the following statements

I hereby authorize payment to be made directly to Braddock Chiropractic for all benefits which may be payable under a healthcare plan or from any other collateral sources. I authorize utilization of this application or copies thereof for the purpose of processing claims and effecting payments, and further acknowledge that this assignment of benefits does not in any way relieve me of payment liability and that I will remain financially responsible to Braddock Chiropractic for any and all services I receive at this office. The above information is true and accurate to the best of my knowledge.

REGARDING: Chiropractic Adjustments, Modalities, and Therapeutic Procedures: I have been advised that chiropractic care, like all forms of healthcare, hold certain risks. While the risks are often minimal, in rare cases, complications such as sprain/strain injuries, irritation of a disc condition, and although rare, minor fractures, and possible stroke

75) FEMALES ONLY: please read carefully, acknowledge the statements with your electronic signature if you understand and have no further questions, otherwise see our receptionist or contact our office for further explanations. The first day of my last menstrual cycle was on:

76) FEMALES ONLY: I have been provided a full explanation of when I am most likely to become pregnant, and to the best of my knowledge, I am not pregnant. By typing my complete name below, I give my electronic signature:

77) I have read and agree to the Informed Consent:

Yes

78) Signature:

Click the SUBMIT INFO button below when you are done.
