

# ABOUT THE PATIENT

Bella Vita Chiropractic, 5501 Fortunes Ridge Drive, Ste L, Durham, NC, 27713

Name \_\_\_\_\_ Today's Date \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Gender  M  F  
Significant Other's Name \_\_\_\_\_ Kid's Names and Ages \_\_\_\_\_  
Your Employer \_\_\_\_\_ Type of Work \_\_\_\_\_  
e-Mail Address \_\_\_\_\_ Have you been to a chiropractor before?  No  Yes  
Emergency Contact \_\_\_\_\_ ph # \_\_\_\_\_  
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 Bella Vita Chiropractic to release 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 a long term authorization for all occasions of service)

Date

## REASON FOR SEEKING CARE

### PRESENT COMPLAINTS

1. \_\_\_\_\_ How long has this been an issue? \_\_\_\_\_  
Is it:  Dull  Sharp  Ache  Numb / Tingle  Stabbing  Constant  Occasional  Staying the same  Getting worse  
 Mild  Moderate  Severe  Worse in the morning  Worse in evening  Pain radiates to \_\_\_\_\_
2. \_\_\_\_\_ How long has this been an issue? \_\_\_\_\_  
Is it:  Dull  Sharp  Ache  Numb / Tingle  Stabbing  Constant  Occasional  Staying the same  Getting worse  
 Mild  Moderate  Severe  Worse in the morning  Worse in evening  Pain radiates to \_\_\_\_\_
3. \_\_\_\_\_ How long has this been an issue? \_\_\_\_\_  
Is it:  Dull  Sharp  Ache  Numb / Tingle  Stabbing  Constant  Occasional  Staying the same  Getting worse  
 Mild  Moderate  Severe  Worse in the morning  Worse in evening  Pain radiates to \_\_\_\_\_
4. \_\_\_\_\_ How long has this been an issue? \_\_\_\_\_  
Is it:  Dull  Sharp  Ache  Numb / Tingle  Stabbing  Constant  Occasional  Staying the same  Getting worse  
 Mild  Moderate  Severe  Worse in the morning  Worse in evening  Pain radiates to \_\_\_\_\_
5. Does your condition affect:  Sleep  Work  Daily Routine  Sitting  Driving
6. What makes it better? \_\_\_\_\_
7. What makes it worse? \_\_\_\_\_
8. What Doctor's have you seen for this? \_\_\_\_\_  
\_\_\_\_\_
9. Type of treatment: \_\_\_\_\_
10. Results: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you pregnant?

Yes  No

Please mark all areas of concern.





