

Mill Creek Chiropractic Clinic
Confidential Patient Information

Name _____ MI _____ Birth Date _____ Age _____

Address _____ City _____ Zip _____

Gender _____ Marital Status: M S D W Live with: _____

Race: American Indian or Alaska Native/ Asian / Black or African American / Native Hawaiian or Pacific Islander
White (Caucasian) / Other / Decline to Answer

Ethnicity: Hispanic or Latino / Not Hispanic or Latino / Decline to Answer

Preferred Language: English or _____

Personal Email Address _____

Home Phone Number _____ Work Phone Number _____ May we contact you at work? Y N

Cell Number _____ Cell Carrier _____

Preferred method of communication for patient reminders: Email / Phone / Mail / Text

Patient Employer _____ Occupation _____

Address of Employer _____

Your SSN _____ Person financially responsible for your account? Self or _____

Policy holders name _____ Birth Date (if someone else): _____

Relationship to policy holder: Self Spouse Child

Insurance company _____ ID # _____

ER Contact Person _____ Phone: _____ Relationship: _____

Purpose of this appointment: _____ Date of onset: _____

Other doctors seen for this condition: _____

Is this the result of an auto accident? Yes No Accident date: _____ Job related? Yes No

If disabled, give dates: _____

Primary Care Physician Name _____ Phone # _____

Medications: _____

Medical Allergies and Reactions: _____

Major Surgeries and Year: _____

Hospitalizations- Date and Reason: _____

Major Illness and Year: _____

Treatment for ANY Condition in the Last Year: _____

Previous Chiropractic Care (Who and When): _____

Family Illness History - Who and What (Anything Major): _____

Smoking Status (4000F CPT) : Every Day Smoker / Occasional Smoker / Former Smoker / Never Smoked

Alcohol (#) _____ per: _____ Caffeine: _____ per: _____ Drug Use: _____

Exercise: _____

Below is a list of conditions which may seem unrelated to the purpose of your appointment, however, these questions must be answered carefully as these problems can affect your overall diagnosis, treatment and possibility of being accepted for care.

CHECK ANY OF THE FOLLOWING YOU HAVE OR HAVE HAD IN THE PAST 6 MONTHS:

Musculo-Skeletal Code

- Low back pain
- Pain between the shoulders
- Neck pain
- Arm pain
- Joint pain/stiffness
- Walking problems
- Difficult chewing/clicking jaw

Nervous System Code

- Numbness
- Paralysis
- Dizziness
- Forgetfulness
- Confusion/Depression
- Fainting
- Convulsions
- Cold/Tingling Extremities

General Code

- Loss of sleep
- Fever
- Headaches

Genito-Urinary Code

- Bladder Trouble OR discolored urine
- Painful/Excessive urination

Gastro Intestinal Code

- Poor/excessive appetite
- Excessive thirst
- Frequent nausea
- Vomiting
- Diarrhea
- Constipation
- Hemorrhoids
- Liver Trouble
- Gall Bladder Problems
- Weight Trouble
- Abdominal Cramps
- Gas/Bloating After Meals
- Heartburn
- Black/Bloody Stool
- Colitis

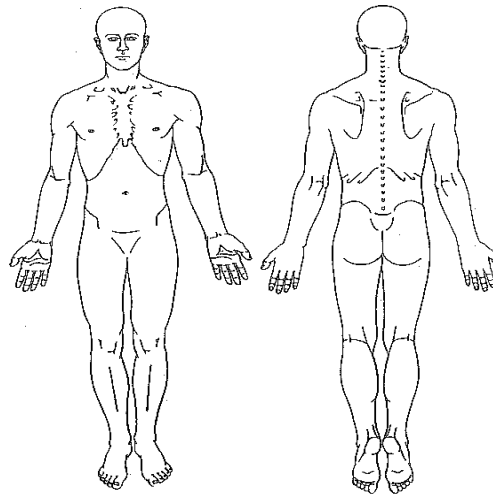
C-V-R Code

- Chest pain
- Short Breath
- Blood Pressure Problems
- Irregular Heartbeat
- Heart Problems
- Lung Problems/Congestion
- Varicose Veins
- Ankle Swelling
- High Blood Pressure: Yes No**

I-10 EENT Code

- Vision Problems
- Dental Problems / Sore Throat
- Ear Aches
- Hearing Difficulty
- Stuffed Nose

Please mark areas of pain on body diagram below



Male/Female Code

- Menstrual Irregularity
- Menstrual Cramping
- Vaginal Pain/Infections
- Breast Pain or Lumps
- Prostate/sexual Dysfunction

Are you pregnant?

Yes No Maybe

When was your last menstrual period? _____

Diabetes? Yes No Type I 250.01 Type II 250.00

I authorize to have Mill Creek Chiropractic contact me via phone, email and/or text for secure or non-secure purposes initial: _____

Please note for all patients, the first visit fees are due on the first day. If your insurance is verified prior to your visit, using our confirmation form, we will accept direct payment from your insurance company for their portion. You may call your insurance company from our office to verify coverage, if you desire.

Signature: _____ Today's Date: _____

Print Name: _____