Patient Intake Form

Office use: **Patient Number** **Date** **Claim Number**

Patient Information

Full Legal Name _____ (First) (M.I.) (Last) Preferred Name _____

Address _____ City _____ Zip _____

Home Phone _____ **Cell Phone** _____ Spouse's Name _____

Age _____ Sex: F M Date of Birth _____ **Email** _____

Employer _____ Occupation _____

Work Address _____ Work Phone _____

City _____ Zip _____ Referred by _____

Student: Yes No - Full time Part time Person responsible for the account _____

Appointment Reminders (arrive 24 hours before appointment): Call to Home Call to Cell Text to Cell Email (arrives 2 days before appointment)

Insurance Information

Member ID# _____ Group Private Work/Comp Automobile

Name of Insured _____ Relationship to Patient _____

Insurance Co. _____ Insured Date of Birth _____

Address _____ Group Number _____

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Reason for visit

What is your major complaint? _____

Is this condition due to an: Auto Accident Work Injury Other Accident Unknonwn Cause Illness

Are the symptoms: Improving Getting Worse About the same Intermittent

Circle any activities which aggravate your condition: Standing Walking Sitting Lying Bending Lifting Twisting Coughing

Have you had these sympoms before? Yes No If yes, when? _____

Have you seen another doctor for this condition? MD Chiropractor Osteopath Accupuncturist Dentisit Podiatrist

Drs. Name _____ Date Consulted _____ Diagnosis _____

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. I authorize payment from my insurance carrier directly to this office with the understanding that all monies will be credited to my account upon receipt. However, I clearly understand and agree to all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, and fees for professional services rendered to me will be immediately due and payable. In the even of default I promise to pay legal interest on the indebtedness together with such collection costs and reasonable attorney fees as may be required to effect collection.

Patient's Signature _____ Date _____

Santa Clara Chiropractic Center
Dr. Scott Aley, DC
2620 River Rd. Suite E, Eugene, OR 97404
541-688-3223

General Symptoms (circle as many as apply)
Nervousness Irritability Fatigue Depression
Loss of Sleep Tension PMS Jaw Pain

Midback (circle as many as apply)
Pain Left Right Both
Pain Level: Mild Moderate Severe
Pain Type: Sharp/Stabbing Dull Ache
Muscle Spasm - Left Right Both

Head (circle as many as apply)
Headache - Mild Moderate Severe
How often: 1 2 3 4 5 6 per day/wk/mo.
Are they: Sharp Dull
Are they: Constant Intermittent
Where located: Back of Head Forehead
Temples Rt. Side
Lft. Side Behind eyes
Light headed Memory Loss Fainting
Blurred Vision Double vision Sensitivity to light
Loss of balance Hearing loss Ringing in ears

Chest (circle as many as apply)
Deep Chest Pain - Left Right Both
Pain Level: Mild Moderate Severe
Pain around Ribs - Left Right Both
Shortness of breath Irregular Heartbeat

Neck (circle as many as apply)
Pain - Left side Right side Both
Pain Level: Mild Moderate Severe
Pain increased by: Forward movement
Backward Movement
Rotate head lft. Rotate head rt.
Bend neck left Bend neck right
Stiffness Muscle Spasm Grinding/Grating sounds

Abdominal (circle as many as apply)

Pain Mild Moderate Severe

Nervous Stomach Nausea Gas
Constipation Diarrhea Heartburn Indigestion
Loss of Appetite

Shoulders (circle as many as apply)
Pain in joint Left Right Both
Pain across Shoulder Left Right Both
Limitation of movement Left Right Both
Tension Left Right Both

Lowback (circle as many as apply)
Pain Level: Mild Moderate Severe
Upper Lumbar Pain Left Right Both
Lower Lumbar Pain Left Right Both
Sacroiliac Pain Left Right Both
Muscle Spasm Left Right Both

Arms (circle as many as apply)
Pain in Upper Arm Left Right Both
Pain in elbow Left Right Both
Pain in forearm Left Right Both
Pins & Needles (Arm) Left Right Both
Pins & Needles (forearm) Left Right Both
Numbness in Arm Left Right Both
Numbness in forearm Left Right Both

Hips & Legs (circle as many as apply)
Pain in Buttocks - Left Right Both
Pain Level: Mild Moderate Severe
Pain in Hip Joint Left Right Both
Pail Level: Mild Moderate Severe
Pain Down Leg Left Right Both
Location: Front Back Side
Pain Radiates to: Knee Calf Foot
Numbness Down Leg
Location: Front Back Side
Pins & Needles
Location: Front Back Side
Knee Pain Left Right Both
Leg Cramps Left Right Both

Hands (circle as many as apply)
Pain in wrist Left Right Both
Pain in hand Left Right Both
Pins & Needles Left Right Both
Numbness Left Right Both

Feet (circle as many as apply)
Ankle Pain Left Right Both
Swollen Ankle Left Right Both
Foot pain Left Right Both
Numbness Left Right Both
Swollen Feet Left Right Both
Cramps Left Right Both