



Spokane Chiropractic & Sports Injury Clinic

Patient Information Update

Personal Information

Date: _____

Name _____ Age _____ Birthdate _____

Address _____ Apt. # _____ City _____ State _____ Zip _____

Phone Number _____ Cell Phone _____ Marital Status _____ # of Children _____

Occupation _____ Your Email Address _____

Employer _____ Spouse/Parent/Guardian Name _____

Emergency Contact _____ Who referred you to our office? _____

Who is your Primary Care Physician _____

Insurance Information

Do you have Health Insurance? Yes / No

Health Insurance Company _____

Primary Insured's Name _____

Primary Insured's Address _____

Primary Insured's Phone _____ Primary Insured's Date of Birth _____

Primary Insured's Employer (If different than above) _____

Motor Vehicle Accident

Are you seeking treatment for a motor vehicle accident? Yes / No If so what is the date the injury occurred? _____

Your auto insurance company name _____ Do you have an open medical claim? Yes/ No

Claim Number issued by your insurance company _____

On the Job Injury

Are you seeking treatment today for an on the job injury? Yes / No If so what is the date the injury occurred? _____ Have you filed a claim? Yes / No

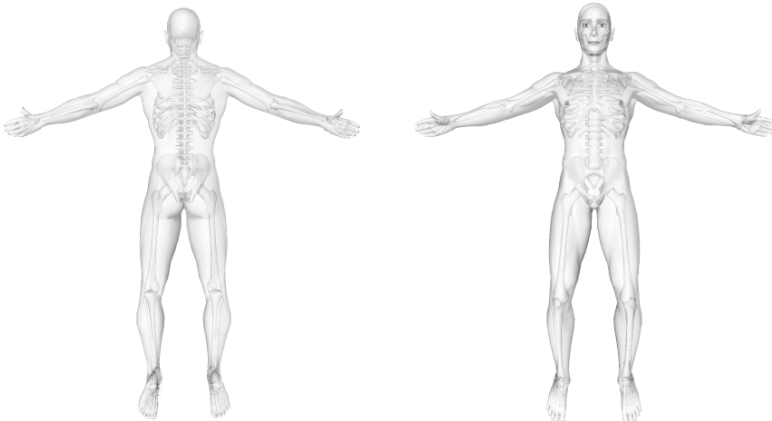
Name of Attending Physician _____ Claim Number: _____

Did your attending physician refer you to our clinic? Yes / No

Do you have an attorney? Yes / No Name of Attorney _____ Attorney's Phone _____

Chief Complaints

Mark or circle the area of your symptoms on the drawing and indicate if painful, numb, tingling, weak, etc.



Please circle the number that best describes your your pain (0 being no pain and 10 being debilitating pain)

Example: **Neck** **Foot** **Back**

0 1 2 **3** 4 **5** 6 7 8 **9** 10

What is your pain **RIGHT NOW**?

0 1 2 3 4 5 6 7 8 9 10

What is your **TYPICAL** or **AVERAGE** pain?

0 1 2 3 4 5 6 7 8 9 10

What is your pain level **AT ITS BEST** (How close to "0" does your pain get)?

0 1 2 3 4 5 6 7 8 9 10

What is your pain level **AT ITS WORST** (How close to "10" does your pain get)?

0 1 2 3 4 5 6 7 8 9 10