

CREECH CHIROPRACTIC

Confidential Health Resume

Welcome to our practice! Please clearly complete all questions. Thank you.

Personal History

Last Name: _____ First Name: _____ MI: _____
Address: _____ City: _____
State/Zip code: _____ Social Security #: _____
Date of Birth: _____ Age: _____ Marital Status: _____
Home Phone: _____ Work/Cell Phone: _____
Email address: _____ Employer: _____
Spouse Name: _____ Work Place/Number: _____
Name and ages of children: _____

Health Insurance & Policy Information

Policy Holder's Name: _____ DOB: _____ Relation _____
Who may we thank for referring you to our office? _____
Emergency Contact Name & Number: _____ Relationship _____
Physician's Name _____ Telephone #: _____ City: _____

Current Health Condition

Reason for today's appointment? _____
When did this condition begin? _____ Have you had this before? **Yes No**
Is this condition/injury due to a (circle one): Sports Injury? Job-related Injury? Home-related?
Auto Accident Injury? Fall? Other? (please explain): _____
Previous Chiropractic Care? **Yes No** Treated for the same problem as above? **Yes No**
Name of Previous Chiropractor: _____ City/State: _____
Date of last adjustment? _____ Frequency of visits? _____
Rate your dietary & water intake on a weekly basis: **Excellent Good Average Poor Bad**
Food Allergies and/or Sensitivities: _____
Frequency of Exercise (circle one): **< 4 times/month 1-2 times/week 3-4 times/wk 5+ times/wk**

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Supplements currently taking: _____

Medications currently taking: _____

Prior Surgeries and/or Hospitalizations (list procedures/years performed): _____

Please List 5 most recent Major Injuries, Spinal Traumas, Falls or Accidents (Date & Extent of Injury):

Wellness Commitment

At Creech Chiropractic, we are dedicated toward achieving the goal of total, lasting health for our patients. Based on a scale of 10%-100%, please circle your personal level of commitment toward obtaining and maintaining health and wellness.

10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

I have read and completed the information, and it is accurate to the best of my knowledge. I understand that Creech Chiropractic *may or may not* be an in-network provider for my insurance plan. Creech Chiropractic will seek to verify my specific benefits as quickly as possible and advise me of such. Furthermore, I understand that this office will prepare any necessary reports and forms to ensure an efficient collections process from my insurance company, and the authorized amount will be paid directly to Creech Chiropractic and credited to my account upon receipt. However, I clearly understand and agree that I am personally and immediately responsible for payment if/when my insurance company denies payment for any previously provided services.

Patient Signature

Date

Guardian's Signature (Authorizing Care for a Minor)

Date