New Patient Health History

Please complete this form. All information is strictly CONFIDENTIAL. PLEASE PRINT CLEARLY.

Today's Date _____

REGISTRATION

Name _____ **Age** _____ **Date of Birth** _____

Email* _____

* Your email will NOT be shared with any 3d parties, and is used for occasional office announcements and promotions

Address _____ **City** _____ **Zip** _____

Cell Phone _____ **Home Phone**_____

Marital Status □ **Single** □ **Married** □ **Widowed** □ **Divorced** □ **Separated**

Employer_____ **Job Title** _____

Emergency Contact _____ **Phone** _____

Who referred you to this office? _____

CURRENT COMPLAINTS

What is your major complaint, what brings you to this office? _____

_____

_____

Did you have an injury? □ **No** □ **Yes** □ **Automobile*** □ **Work** □ **Other** _____

How long have you had this condition? _____

Have you had this before? When? _____

Have you ever had chiropractic care before? □ **No** □ **Yes** **Doctor's Name** _____

PAYMENT INFORMATION

Name of person responsible for payment _____

We accept United Healthcare, Medicare, and most automobile medical payment policies ONLY. Be aware that deductibles and copays apply. If this is a work injury Dr. Miñana must be "in-network." Otherwise, payment is required at the time of service. We accept cash, check or credit card. Discount plans available.

Do you have □ **United Healthcare?** □ **Medicare? If so, we need a copy of your insurance card.**

If auto accident: Insurance Company _____

Claim No. _____ **Contact Person** _____ **Phone** _____

Patient's signature _____ **Date** _____

Parent or guardian signature _____ **Date** _____

HEALTH HISTORY

Have you been treated for any condition in the past year? □ No □ Yes

If yes, please describe _____

Date of last physical exam _____ **Is there is chance you are pregnant? □ No □ Yes**

Have you had X-rays taken? □ No □ Yes If yes where? _____

What body part? _____

If you take medications please list and for what conditions? (Dosage and amounts, etc.)

1._____

2._____

3._____

4._____

Do you take nutritional supplements of any kind? (Vitamins, minerals, herbs) □ No □ Yes Please list briefly:

_____

Do you wear orthotics (arch support)? □ No □ Yes

Have you ever:	No	Yes	Briefly explain
Broken bones?	□	□	_____
Been hospitalized?	□	□	_____
Been in an auto accident?	□	□	_____
Had sprains/strains?	□	□	_____
Been struck unconscious?	□	□	_____
Had surgery?	□	□	_____

Regarding your current condition:

Do you experience pain every day? □ No □ Yes

Do your symptoms interfere with daily life? □ No □ Yes

Are your symptoms worse during certain times of day? □ No □ Yes

Do changes in weather affect your symptoms? □ No □ Yes

What activities aggravate your symptoms? _____

_____

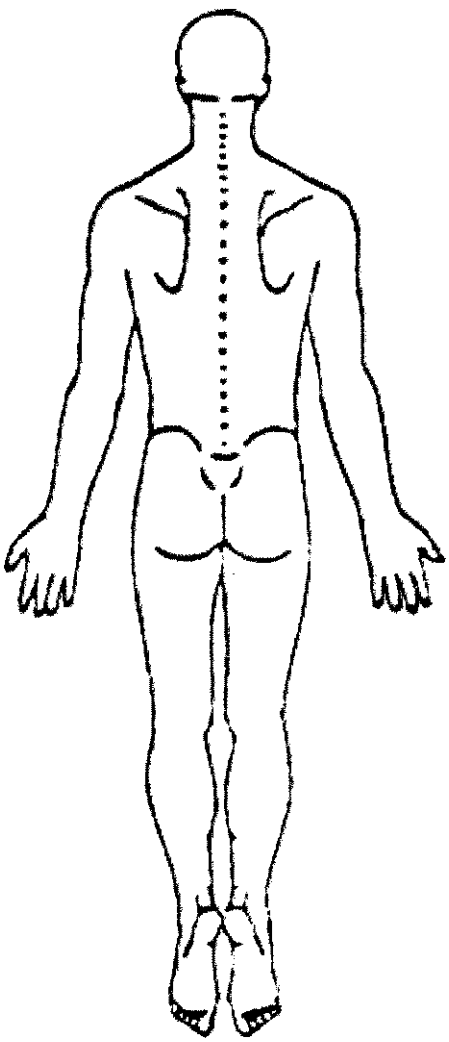
LIFESTYLE HABITS (Check all that apply)

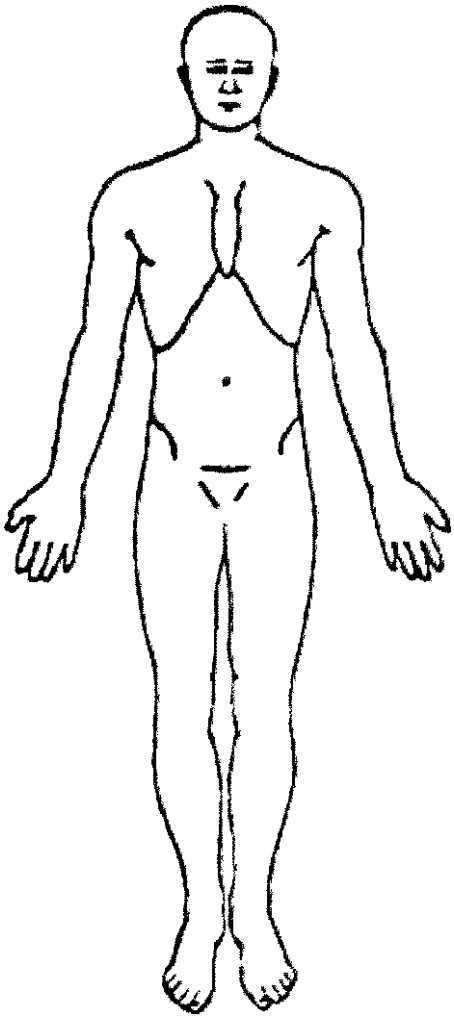
□ Vegetarian/vegan
□ Smoker now □ Smoked in past
□ Drink alcohol
□ Drink coffee
□ Eat or crave sweets
□ Eat junk food
□ Drink soda
□ Avoid gluten
□ Eat vegetables (Servings_____)
□ Eat breakfast
□ Eat out most of the time
□ Have indigestion
□ Take antacids or similar
□ Have allergies
□ Have high cholesterol
□ Get frequent colds
□ Difficulty sleeping
□ Frequently go on diets
□ Count calories
□ Have daily bowel movements
□ Exercise regularly

CURRENT SYMPTOMS ASSESSMENT

Name _____ **Date** _____

Please mark the areas on your body below where you are having pain. Use the 0 -10 Pain Scale Below. Also, indicate the % of time you have it.





Pain Scale (0 -10)

0-1	=	Minimal	=	The pain is an annoyance but does not limit me.
2-3	=	Slight	=	I can tolerate the pain but it causes some difficulty in doing some activities. However, it does not stop me from doing things I need to.
S	=	Moderate	=	The pain causes a marked handicap in my ability to work but I can continue.
7-8	=	Moderate To Severe	=	The pain is approaching the worst I have ever experienced or could imagine. It causes a significant problem with working and most of the time I can't.
10	=	Severe	=	The pain is the worst I have ever experienced or could imagine and causes me to stop all work and activity.