WELCOME TO OUR OFFICE

Please print neatly and fill out completely

21 Mill Street
Liberty, NY 12754
Phone: (845) 292 – 8810
Fax: (845) 295 – 9156

PATIENT INFORMATION

*Name:	Marital Status:	Gender ☐ M ☐ F
*Date of Birth: / SSN:	How did you hear about our office?	
Physical Address: / City:	State:	Zip Code:
*Mailing Address: (If different from above): / City:	State:	Zip Code:

*Home Phone: ( ) Work Phone: ( )

*Cell Phone: ( )

☐ Verizon ☐ AT&T ☐ Sprint ☐ T-Mobile ☐ Virgin Mobile ☐ Straight Talk ☐Other_____

*E-mail:	Employer:	Occupation:	Attorney:

INSURANCE POLICY HOLDER INFORMATION

Which of the following will you be using? ☐ Major Medical ☐ Medicare ☐ Worker's Comp. ☐ No-Fault

***What is the carrier name?** _____ **ID #:**

PATIENT HISTORY

DESCRIBE MAJOR COMPLAINTS:_____

Date your problem began? (specific date if possible)_____/_____/_____

Select the box that describes the onset of your problem(s) ☐Immediately after an incident ☐Develop gradually over time ☐Not Known

Please describe in detail how and what happened

_____

_____

What other health concerns do you have?

_____

_____

How often are the complaints present?

☐ Constant (76 – 100%) ☐ Occasional (26 – 50%)
☐ Frequent (51 – 75%) ☐ Intermittent (25 % or less)

Rate your pain 0 (no pain) to 10 (worst)

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

Please describe the character of your current pain (you may check more than one)

☐Sharp ☐Stabbing ☐Shooting ☐ Radiating ☐Dull ☐Aching ☐Throbbing / Gnawing ☐Numbness
☐Tingling ☐Weakness ☐Soreness ☐ Coldness ☐Burning ☐Stiffness

Check if your problems affect your

☐Sleep ☐Work ☐Sitting ☐Standing ☐Reaching ☐Driving ☐Walking

Since your pain began, the pain severity is:

☐Increasing ☐Decreasing ☐Not Changing

What treatment have you received for this present condition?

☐Surgery ☐Medications ☐Physical Therapy ☐Chiropractic Care ☐Home Therapy ☐Nothing ☐Other (specify) _____

OVER PLEASE

What increases your pain or worsens your symptom(s)?
☐Sitting ☐Standing ☐Walking ☐Using stairs ☐Lifting ☐Pushing ☐Pulling ☐Sleeping ☐Working ☐Others(specify):_____

What relieves your pain or improves your symptom(s)?
☐Sitting ☐Standing ☐Walking ☐Exercise ☐Laying down ☐ Massage ☐Ice ☐Heat ☐Others (specify)_____

Smoking History	**Drinking History**	**Women**
☐ Daily ☐ Never	☐ Daily ☐ Rarely	**Are you pregnant?**
☐ Occasionally	☐ Socially ☐ Never	☐ Yes
If so how much_____	If so how much_____	☐ No
		Please initial_____

Height_____feet_____inches **Weight_____pounds** ☐ **R Handed** ☐ **L Handed**

Have you been diagnosed with the following?

	Never	Past	Present		Never	Past	Present
Depression	☐	☐	☐	Emphysema	☐	☐	☐
High Blood Pressure	☐	☐	☐	Arthritis	☐	☐	☐
Angina	☐	☐	☐	Diabetes	☐	☐	☐
Heart Attack	☐	☐	☐	Ulcers	☐	☐	☐
Stroke	☐	☐	☐	Kidney Stones	☐	☐	☐
Asthma	☐	☐	☐	Bladder Infection	☐	☐	☐
Cancer	☐	☐	☐	Colitis	☐	☐	☐
Prostate Disorder	☐	☐	☐	Skin Disorder	☐	☐	☐
Anorexia	☐	☐	☐	Blood Disorder	☐	☐	☐
Infectious Disease	☐	☐	☐	HIV / AIDS	☐	☐	☐

Other_____

Select the condition that you experienced or are currently experiencing

	Never	Past	Present		Never	Past	Present
Headache	☐	☐	☐	Upper extremity numbness	☐	☐	☐
Neck Pain	☐	☐	☐	Lower extremity numbness	☐	☐	☐
Shoulder Pain	☐	☐	☐	Muscle Spasm	☐	☐	☐
Elbow Pain	☐	☐	☐	Swelling/Stiffness of Joint(s)	☐	☐	☐
Arm Pain	☐	☐	☐	Dizziness / Blurred Vision	☐	☐	☐
Hand or Wrist Pain	☐	☐	☐	Sinus Pain	☐	☐	☐
Upper Back Pain	☐	☐	☐	Jaw or TMJ Pain	☐	☐	☐
Mid Back Pain	☐	☐	☐	Fever / Chills / Sweats	☐	☐	☐
Low Back Pain	☐	☐	☐	General Fatigue	☐	☐	☐
Hip Pain	☐	☐	☐	Urinary Tract Difficulties	☐	☐	☐
Leg Pain	☐	☐	☐	Irregular Bowel Habits	☐	☐	☐
Knee Pain	☐	☐	☐	Heartburn / Indigestion	☐	☐	☐
Ankle or Foot Pain	☐	☐	☐				

Other_____

Medications (List them):_____

PLEASE READ AND SIGN
-I attest that the above is true and correct to the best of my ability.
-I hereby authorize the attending Doctor to release any information concerning my examination or treatment.
-I hereby assign payment directly to this office for professional services rendered and shall be personally responsible for any unpaid balances.

_____ _____
Signature **Date**

When completed turn in to Front Desk Receptionist
THANK YOU