

# ABOUT THE PATIENT

Alpha Spine Health & Injury Center Lakeville, MN 55044

Name \_\_\_\_\_ Today's Date \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Gender  M  F  
 How did you hear about us? \_\_\_\_\_ Your Employer \_\_\_\_\_  
 Type of Work \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ Have you been to a chiropractor before?  Yes  No  
 Emergency Contact \_\_\_\_\_ ph # \_\_\_\_\_

- I authorize the doctor or his staff to render care as deemed appropriate for me and / or my child.
- I authorize Alpha Spine Health & Injury Center to release and / or request records to or from other providers as may be necessary.
- I understand I am responsible for all bills incurred in this office.
- I authorize assignment of my insurance benefits (if applicable) directly to the provider.
- Person responsible for this account if other than the patient? \_\_\_\_\_
- I understand that after any initial promotional services all care is rendered at usual and customary fees.
- For my balance my preferred payment method is:  Cash  Check  Credit Card  Car/Work Ins.

**Patient / Parent Signature** \_\_\_\_\_ (This represents a long term authorization for all occasions of service) **Date** \_\_\_\_\_

# REASON FOR SEEKING CARE

## PRESENT COMPLAINTS (See pg. 2 for pain scale)

1. \_\_\_\_\_ Pain Scale 0-10 \_\_\_\_\_ How long has this been an issue? \_\_\_\_\_  
 Is it:  Dull  Sharp  Ache  Numb / Tingle  Stabbing  Constant  Occasional  Staying the same  Getting worse  
 Mild  Moderate  Severe  Worse in the morning  Worse in evening  Pain radiates to \_\_\_\_\_

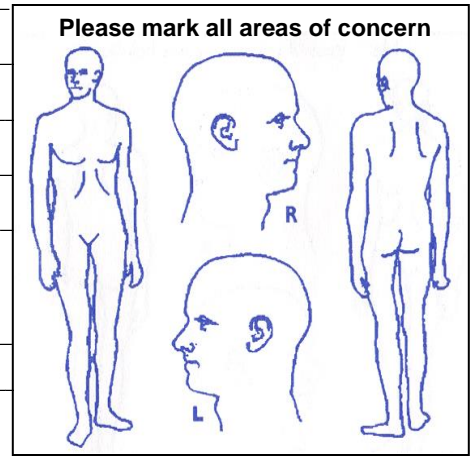
2. \_\_\_\_\_ Pain Scale 0-10 \_\_\_\_\_ How long has this been an issue? \_\_\_\_\_  
 Is it:  Dull  Sharp  Ache  Numb / Tingle  Stabbing  Constant  Occasional  Staying the same  Getting worse  
 Mild  Moderate  Severe  Worse in the morning  Worse in evening  Pain radiates to \_\_\_\_\_

3. \_\_\_\_\_ Pain Scale 0-10 \_\_\_\_\_ How long has this been an issue? \_\_\_\_\_  
 Is it:  Dull  Sharp  Ache  Numb / Tingle  Stabbing  Constant  Occasional  Staying the same  Getting worse  
 Mild  Moderate  Severe  Worse in the morning  Worse in evening  Pain radiates to \_\_\_\_\_

4. Does your condition affect:  Sleep  Work  Daily Routine  Sitting  Driving

Are you Pregnant?  Yes  No

5. What makes it feel better? \_\_\_\_\_  
 6. What makes it feel worse? \_\_\_\_\_  
 7. What Doctor's / Treatment have you seen for this? \_\_\_\_\_  
 \_\_\_\_\_  
 8. Results: \_\_\_\_\_



## PAST HISTORY

1. List any past auto collisions \_\_\_\_\_  
 2. List any past work injuries \_\_\_\_\_  
 3. Please list any relevant hospitalizations / surgeries / conditions / treatments \_\_\_\_\_  
 \_\_\_\_\_

# GENERAL HEALTH HISTORY

Alpha Spine Health & Injury Center Lakeville, MN 55044

Patient Name \_\_\_\_\_

*Mark the conditions that apply to you.*

**Past Present**

- Headaches
- Migraines
- Shortness of Breath
- Allergies / Asthma
- Medication Side Effects
- Diabetes
- Hands or Feet Cold
- Muscle Aches
- Kidney Problems
- Leg / Foot Numbness
- Fainting
- Gallbladder Trouble
- Tension / Irritability
- Ear Problems
- Sleeping Problems
- Vision Problems
- Thyroid Problems
- Tobacco Use

**Past Present**

- Urinary Problems
- Heart Pacemaker
- Chest Pains
- Heart Problems
- Fibromyalgia
- Blood Thinner Use
- HIV Positive
- Cancer
- Depression
- Liver Disease
- \_\_\_High or \_\_\_Low Blood Pressure
- Stroke History
- High Cholesterol
- TMJ
- Digestive Problems
- Pain all Over
- Osteoporosis / Osteomalacia
- Other \_\_\_\_\_

1. List any medications you are taking: \_\_\_\_\_

2. Family Doctor's Name & Clinic Name: \_\_\_\_\_

# FAMILY HISTORY

**Father's side:**  Heart Disease  Cancer  Diabetes  Heavy Medication use  Arthritis  Back/Neck Problems  
Other \_\_\_\_\_

**Mother's side:**  Heart Disease  Cancer  Diabetes  Heavy Medication use  Arthritis  Back/Neck Problems  
Other \_\_\_\_\_

Is there any other family history you want us to know? \_\_\_\_\_  
\_\_\_\_\_