

FIRST CHOICE HEALTHCARE

To The New Patient

Outline of Procedures for New Patients

STEP ONE: All new patients are requested to fill out all four pages of the confidential Patient Health record.

STEP TWO: Your first consultation with a doctor to discuss your health problems.

STEP THREE: A thorough exam will be performed to determine if chiropractic care/physical therapy is appropriate for your condition.

STEP FOUR: The doctor will advise you as to the need of additional procedures such as x-ray studies, if necessary.

STEP FIVE: If your case requires immediate attention at this time, every effort will be made to administer temporary relief.

STEP SIX: You will be advised as to a time you can return for your "Report of Findings" when your doctor will inform you as to your examination results and whether or not your case has been accepted. If accepted, your recommended treatment program will be explained to you. You will also be advised concerning financial arrangements and insurance coverage as appropriate. It is vital that your spouse, guardian or family member be present.

STEP SEVEN: Treatments will begin and continue as scheduled until your condition has been fully corrected or until maximum possible improvement has been obtained.

To save time and allow us to better serve you, please complete all questions on next 3 pages.

PERSONAL HISTORY

Date: _____ Doctor: _____ Social Security No.: _____
Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Carrier: _____
Email Address: _____ Birthdate: _____ Age: _____ Sex: M F
Circle One: Married Single Widowed Divorced Separated No. of Children: _____
Name and No. of Emergency Contact: _____
Referred By: _____ Patient Employer: _____
If Insurance, Name of Company _____
Policy Number: _____
Insured Name: _____ DOB: _____
 Medicare BCBS Auto Insurance Other _____

CURRENT HEALTH CONDITION

Purpose Of This Appointment: _____

Other Doctors Seen For This Condition: _____

When Did This Condition Begin: _____

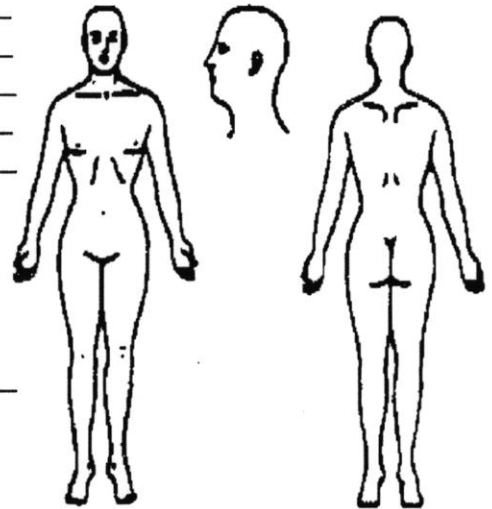
Job Related Auto Related

Drugs You Now Take:

Nerve Pills Pain Killers/Muscle Relaxers Allergy Pills
 Blood Pressure Medicine Insulin Birth Control
 Other: _____

Do You Wear A Shoe Lift? Yes No

Do You Suffer From Any Condition Other Than Which You Are Now Consulting Us? _____



*Please mark off areas where pain exists on diagram.

PAST HEALTH HISTORY

Please Check Or Describe:

Major Surgery/Operations: Appendectomy Tonsillectomy Gall Bladder
 Hernia Broken Bones

Major Accidents Or Falls: _____

Neck or Back Surgery

Hospitalization (Other Than Above): _____

Previous Chiropractic Care: None

Doctor's Name & Approx. Date Of Last Visit: _____