



## New Patient Form

### Demographics

Patient Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City, St. Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

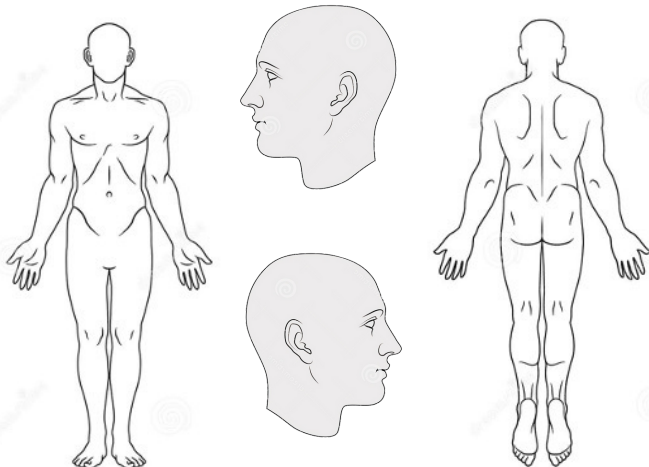
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

### Medical History

Place an "X" on the drawings below on areas causing you pain and a letter describing.

- A- ACHE
- B- BURNING
- S- STABBING
- N- NUMBNESS
- P- PINS & NEEDLES



#### PAIN SCALE

Please circle the number that best describes your pain.

0	1	2	3	4	5	6	7	8	9	10
NONE		LITTLE		MEDIUM		SEVERE				

#### Describe your past health history:

Supplements/Herbs: \_\_\_\_\_

Past Hospitalizations: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Medications: \_\_\_\_\_

# Medical History continued

## Musculoskeletal

- Osteoporosis
- Arthritis
- Hypothyroidism
- Fibromyalgia
- Chronic Fatigue
- Gout in \_\_\_\_\_
- Bursitis
- Plantar Fasciitis
- Cysts/ Lipomas
- TMJ
- Chronic Headaches
- Tendonitis
- Whiplash
- Strains/ Sprains
- On the computer (#of hours\_\_\_\_\_)

## Respiratory

- Pneumonia
- Asthma
- Breathing Problems
- Sinusitis
- Other:\_\_\_\_\_

## Digestive

- Ulcers
- Colitis
- IBS
- Crone's Disease
- Gluten Intolerance
- Constipation
- Diarrhea
- Gallstones
- Gas/Bloating
- Chronic Indigestion

## Circulatory

- Heart Problems\_\_\_\_\_
- Stroke
- Palpitations
- Mitral valve prolapse
- Anemia
- Hemophilia
- Hypertension
- Low Blood Pressure
- Peripheral Artery Disease
- Raynaud's Disease
- Varicose veins
- Blood Clots/ Phlebitis

## Skin

- Fungal Infections
- Athlete's Foot
- Impetigo
- Eczema/Dermatitis
- Psoriasis
- Easily irritated skin
- Other: \_\_\_\_\_

## Nervous System

- Dizziness
- ALS
- Multiple Sclerosis
- Parkinson's Disease
- Bell's Palsy
- Neuritis
- Spinal cord injury
- Trigeminal Neuralgia
- Seizures/Epilepsy

## Other

- Diabetes
- Pregnancy
- Cancer
- Kidney disease
- Hepatitis
- HIV/AIDS
- Lupus
- Postoperative: \_\_\_\_\_
- Cystitis
- High stress
- Grieving
- Anxiety/Panic Attacks
- Bipolar Syndrome
- PMS/Menopause difficulties
- Poor sleep/insomnia
- Orthopedic pins or plates
- Allergies Affecting:
  - Facial skin
  - Body skin
  - Nose/Sinuses
  - Eyes
  - Stomach/gut



## FINANCIAL POLICIES FOR BRIGGS FAMILY CHIROPRACTIC

Please review our financial policies and sign and date below that you understand and agree to our policies. This form will be kept in the patient file, and needs to be completed yearly.

1. Briggs Family Chiropractic charges a flat \$30.00 rate for all adjustments.
2. We do not currently accepted insurance plans, but we can print a receipt for you to submit to insurance. Talk to the front desk for details.
3. All payments must be made at time of service (cash, check, HSA cards, or credit cards accepted).
4. Returned checks will be charged a \$30.00 NSF fee.
5. We do accept HSA/ FSA cards for payment.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_