NORTH BEND CHIROPRACTIC AND GOLF FITNESS CENTER

LINDA GREENWOOD CANTWELL, LMP
MASSAGE THERAPIST
REIKI MASTER

PERSONAL INFORMATION

THANK YOU FOR CHOOSING OUR PRACTICE FOR YOUR HEALTHCARE NEEDS. PLEASE COMPLETE THIS FORM IN INK.
IF YOU HAVE ANY QUESTIONS OR CONCERNS, DO NOT HESITATE TO ASK FOR ASSISTANCE. WE ARE HAPPY TO HELP!

NAME_____ DATE_____
FIRST MI LAST

ADDRESS_____ CITY_____ ST___ ZIP_____

SOC. SECURITY # _____ SEX: ☐ MALE ☐ FEMALE

BIRTH DATE_____ HOME #_____ WORK #_____

ARE YOU: ☐ MARRIED ☐ SINGLE CELL #_____

YOUR EMPLOYER _____ OCCUPATION_____

SPOUSE/PARENT NAME_____ WORKPLACE_____ WORK #_____

PERSON TO CONTACT IN CASE OF EMERGENCY_____ PHONE #_____

WHO REFERRED YOU TO OUR OFFICE?_____

E-MAIL ADDRESS _____

INSURANCE INFORMATION

NAME OF SUBSCRIBER_____ RELATIONSHIP_____

SUBSCRIBER DATE OF BIRTH_____ *** PLEASE PRESENT CARD ***

ASSIGNMENT AND RELEASE

I, THE UNDERSIGNED, CERTIFY THAT I HAVE INSURANCE WITH _____ AND ASSIGN DIRECTLY TO NORTH BEND CHIROPRACTIC AND GOLF FITNESS CENTER ALL INSURANCE BENEFITS, IF ANY, THERWISE PAYABLE TO ME FOR SERVICES RENDERED. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES WHETHER OR NOT PAID BY INSURANCE. I HEREBY AUTHORIZE THE CLINIC TO RELEASE ALL INFORMATION NECESSARY TO SECURE THE PAYMENT OF BENEFITS. I AUTHORIZE THE USE OF THIS SIGNATURE ON ALL INSURANCE SUBMISSIONS.

_____ _____
RESPONSIBLE PARTY SIGNATURE DATE

HEALTH HISTORY

PLACE A MARK IN THE BOX IF YOU HAVE HAD OR CURRENTLY HAVE THE FOLLOWING:

☐ ARTHRITIS ... WHERE?_____ ☐ DIABETES ☐ ASTHMA ☐ ULCERS
☐ MIGRAINES ☐ THYROID PROBLEMS ☐ HEARTBURN ☐ HIGH BLOOD PRESSURE ☐ IRRITABLE BOWEL SYND.
☐ LIVER PROBLEMS ☐ INCONTINENCE ☐ CANCER... WHERE?_____ WHEN?_____

PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING:

_____
_____

WHO IS YOUR FAMILY PHYSICIAN?_____

SOCIAL HISTORY

HOW OFTEN DO YOU EXERCISE?_____ DO YOU USE TOBACCO? ☐ YES ☐ NO
DO YOU CONSUME ALCOHOL? ☐ YES... HOW MUCH?_____ ☐ NO
WHAT IS YOUR WORK ACTIVITY LIKE? ☐ SIT ☐ STAND ☐ DRIVING ☐ LIFTING ☐ SIT/STAND
WHAT IS YOUR STRESS LEVEL ON A SCALE OF 0 TO 10? _____
WHAT ARE SOME OF YOUR HOBBIES? _____
_____ ABLE TO DO THESE NOW? ☐ YES ☐ NO