

Bozeman Back & Neck Clinic

120 North 19th, Suite B
Bozeman, Montana 59715

CHIROPRACTIC PATIENT UPDATE

Please complete Parts A & C & D in all cases. Part B should be completed only if the information has changed since you were last in our office.

Thank You!

PART A

Email Address _____ Birth date: _____ Cell phone _____

Name _____ Home phone _____

Address _____
Street or Box Number City State Zip

Purpose of this appointment: _____

Is this the same problem you were originally under care for? Yes No

If yes, are there any additional symptoms? _____

Other doctors seen for this condition: _____

Other doctors seen since last visit: _____

What medications or drugs are you taking? _____

Is the purpose of today's appointment as a result of job related injury Yes No or auto accident Yes No

PART B

Occupation _____ Employer _____

Employer's address _____ Work phone _____

Spouse _____ Spouse's employer _____

PART C

I understand and agree that health and accident insurance policies are an arrangement between my insurance company and myself - not between my insurance company and this office. I request this chiropractic clinic to complete any usual and customary reports and forms at no charge to assist in collecting from my insurance company.

If mine is a regular health insurance case, I agree to pay a percentage of services as they are rendered. However, I understand that I am ultimately responsible for payment in full at this office. I also understand that if I suspend or terminate my schedule of care, as determined by my treating doctor, any fees for professional services will be immediately due and payable.

Signature

S.S. #

**Please complete the reverse side*



Health Insurance Coverage? Yes No

If you have insurance coverage please provide the following:

Name of Company _____

Address _____

Policy or Certificate # _____ Group # _____

PART D

CURRENT MEDICAL HISTORY

1. What is your major symptom? _____

2. If this is a reoccurrence, when was the first time you noticed this problem? _____

How did it occur? _____

Has it become worse recently? _____. If yes, when and how? _____

3. How frequent is the condition? _____

How long does it last? _____

4. Are there any other conditions or symptoms you have that may be related to your major symptom? _____

Are there other unrelated health problems? _____

5. If pain is involved, what type is it - sharp, dull, etc? _____

6. Is there anything you can do which seems to provide relief? _____

7. What things seem to make the problem worse? _____

8. Have you had any broken bones? _____ If yes, please list them and give dates. _____

9. List any major accidents you have had other than those that might be mentioned above. _____

10. To your knowledge, have you had any diseases, major accidents, or injuries not indicated on this form either in the past or the present? _____ If yes, please explain: _____

11. WOMEN ONLY: Are you pregnant or do you feel there is any possibility you might be pregnant? _____

12. Remarks: _____

(signature)

(date)