MIFFLINTOWN FAMILY CHIROPRACTIC, P.C.
138 Weatherby Way Mifflintown, PA 17059
(717)436-9017

Confidential Case History

Name_____Date_____

Address_____

Date of Birth_____Home Phone_____Work Phone_____

Employer_____Spouse's Name_____

Children's Names_____Insurance Co._____

Whom may we thank for referring you to our office_____

Past History

Previous Chiropractic Care_____

Date of Last X-Ray_____

Auto Accidents (date & injuries)_____

Other Accidents, Falls (date & injuries)_____

_____

Broken Bones (date & area injured)_____

Past Surgeries (date & type)_____

Past Illnesses (date & type)_____

Past/Present Medication_____

Name of your Medical Doctor_____

Address_____Phone_____

- over -

Present History

Specific Complaint_____

_____

Onset of Problem_____

What Increases/Decreases_____

Does pain radiate or refer to other body part(s)? If so,where_____

Exact location of pain_____

Family History

Presence of Diabetes_____Heart Problem_____Stroke_____Other_____

Describe current health (good, fair, poor) Do you suffer from:

Dizziness___Backaches___HeartProblems___Diabetes____Arthritis____Headaches____

Asthma___Neuritis___Tension___Neck Pain____Digestive Disorders____ Other_____

Are you pregnant?_____Last menstrual cycle_____

FEE POLICY PROCEDURES

I understand and agree that health and accident policies are an arrangement between an insurance carrier and myself. I also understand that Mifflintown Family Chiropractic will upon request, assist me in the preparation of routine insurance forms for the purpose of making collections from my insurance company (Workman's Compensation, personal injury, and similar claims will be reviewed on an individual basis). I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payments when services are rendered. I also understand that if I suspend or terminate care, any fees for professional services rendered me will be due and payable immediately.

Patient's Signature_____Date_____

Spouse's or Guardian Signature_____Date_____

Social Security Number_____

Email Address (To be used for our newsletter)_____