

SARASOTA PHYSICAL MEDICINE

Haley Lamourt Chiropractic

Today's Date _____

Member Information:

Full Legal Name: _____

Local Address: _____ Apt/Unit# _____

City: _____ State: _____ Zip Code: _____

How would you like to be contacted: (circle) phone---text---email

Email _____ Phone Carrier _____

Cell number () _____ Local number () _____

Date of Birth: _____ Age: _____ Sex: Male/ Female

Race: _____ Ethnicity: _____ Language: _____

Height _____ Weight _____ Blood Pressure _____

Marital Status _____

Social Security: _____

Emergency Contact: _____

Emergency Contact phone number () _____

Employer: _____

Work Phone Number: _____

How will you be paying for your visit today?(circle) Private Ins / Self Pay/ Auto Insurance*

* Please have your identification and insurance information/cards available

How can we help you today?

What is your major complaint? _____

How long have you had this condition? _____

Have you had this condition before? If yes, when _____

Is your condition is (circle) the same / getting worse / getting better

Does your condition (circle) come and go / constant / worse @ night

Have you seen another doctor for this condition? Yes / No ; if yes Dr. _____

Have you had any tests for this condition? Xrays / MRI / CT / Blood Tests

Have you seen a chiropractor before? Yes / No ; Last adjustment? _____