Kingswood Parke Family Chiropractic 15508 W. Bell Rd. Ste 105 Surprise, AZ 85374

PATIENT HISTORY

(Please Print)

Patient's Name			Date
Phone (HM)	(WK)	(CELL)	
Address		City, Sta	te, Zip
Birth Date	Age Soci	ial Security #	
Marital Status	# of Children Er	mail	
Employer		Occupation	
Spouse (Parent) Name		Spouse's Soc. Sec. # _	
How were you referred to our	office?		
Do you have any type of health	n insurance? Compa	ny	
Is this injury/illness related to	an automobile accident? _	Work rela	ted?
In general, the HIPAA privation disclosures of their protecte confidential commun Please check the boxes to indice Home Telephone	ed health information. The ications or that a commun	he right to request a rest e patient is also provided nication be made by alter message:	the right to request
	Written Communication (r	nail, email, fax, etc.)	
I authorize this office to speak	, fax and/or mail information	on pertaining to my case.	
□ Insurance Company			
□ Attorney		Phone	
□ Family Members			
Name	Relationship	Phone	
Name	Relationship	Phone	
I have read and understand th accept the terms of these noti- treatment to the persons lister	ces, give authorization to b	• •	-
Signature		Date	e

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and duration of time: Poor/Excessive Appetite	List your chief complaints, in order of severity		Gastrointestinal System		
Excessive Thirst	and du	uration of time:		Daniel Da	
2. Nausea/Vomiting Constipation Liver/Gall Bladder Problems Underweight/Overweight Abdominal Cramps/Bloating Heartburn Black/Bloody Stools Colitis 1.	4			• •	
Constipation Liver/Gall Bladder Problems Liver/Gall Bladder Problems Underweight/Overweight Abdominal Cramps/Bloating Heartburn Black/Bloody Stools Colitis Genitourinary System Bladder Control Problems Pain Between Shoulders Discolored/Bloody Urine Dis					
List other doctors consulted for the above condition(s): 1.					
List other doctors consulted for the above condition(s): 1.	3.				
List other doctors consulted for the above condition(s): Heartburn				·	
condition(s): Abdominal Cramps/Bloating Heartburn Black/Bloody Stools Colitis Black/Bloody Stools Colitis Bladder Control Problems Pain Between Shoulders Painful/Excessive Urination Pain Between Shoulders Discolored/Bloody Urine Mumps Cardiovascular System Neck Pain Difficulty Walking Blood Pressure Problems Leg Pain/Difficulty Walking Blood Pressure Problems Difficulty Chewing/Clicking Jaw Irregular Heartbeat Nervous System Other Heart Problems Nervousness Varicose Veins Numbness Swollen Ankles Stroke Dizziness General Symptoms Forgetfulness General Symptoms Forgetfulness Forgetfulness Ear Aches/Infections Convulsions Stress Nasal Congestion Fainting Ear Aches/Infections Stress Prostate/Sexual Dysfunction Headaches Pever Prostate/Sexual Dysfunction Headaches Pever Prostate/Sexual Dysfunction Headaches Menstrual Irregularity	List other doctors consulted for the above				
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Musculoskeletal System Low Back Pain Painful/Excessive Urination Discolored/Bloody Urine Discolored/Bloody Urine Numps Cardiovascular System Chest Pain/Shortness of Breath Joint Pain/Stiffness Chest Pain/Shortness of Breath Blood Pressure Problems Leg Pain/Difficulty Walking Blood Pressure Problems Irregular Heartbeat Difficulty Chewing/Clicking Jaw Irregular Heartbeat Other Heart Problems Nervousness Other Heart Problems Lung/Breathing Problems Nervousness Swollen Ankles Swollen Ankles Paralysis Stroke Stroke Dizziness General Symptoms Confusion Vision Problems Hearing Difficulty Fainting Ear Aches/Infections Sore Throat Stress Nasal Congestion Fatigue/Sleep Disturbances Prostate/Sexual Dysfunction Headaches	1.			•	
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		Menstrual Cramps			

OFFICE NOTES ONLY

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PAYMENT AGREEMENT

I understand and agree that all services rendered to me are my responsibility and that I am personally responsible for payment on the date of service. I agree that my health insurance policies are an arrangement between my insurance carrier and myself. Kingswood Parke Family Chiropractic would be happy to assist me with the billing process, but I understand that I am ultimately responsible for any

unpaid balances and that any amount authorized by my insurance company be paid directly to Kingswood Parke Family Chiropractic office.				
Patient (Responsible Party) Sig	nature	Date		
		OF NON-PREGNANCY		
	l,, , nor is pregnancy suspected at t	do hereby state that, to the best of my this particular time.		
Name	Signature	Date		
I hereby request and consent to procedures on me by the doct discuss with the doctor or persprocedures. I understand that practice of medicine, in the prolimited to fractures, disc injurity to anticipate and explain all rising judgment during the course of then known to him or her, is in its content, and by signing below	or of chiropractic in this clinic. I sonnel the nature and purpose of results are not guaranteed. I use actice of chiropractic there are ses, strokes, dislocations and spreases and complications, and I wish the procedure which the doctoon my best interest. I have also he ow I agree to the above-named	tic adjustments and other chiropractic understand I will have an opportunity to of chiropractic adjustments and other inderstand and am informed that, as in the some risks to treatment, including but not ains. I do not expect the doctor to be able in to rely upon the doctor to exercise in feels at the time, based upon the facts ad an opportunity to ask questions about procedures. I intend this consent form to and for any future condition(s) for which I		
Patient (Responsible Party) Sig	nature	Date		

Notice: Not all patients require X-rays to determine or verify a diagnosis, type and length of care. If your examination warrants X-ray analysis, the following office policy prevails:

- 1. All first visit charges are payable when services are rendered.
- 2. The fee paid for X-rays is for analysis only. The film itself is the property of this office and cannot be released.