

CONFIDENTIAL PATIENT INFORMATION

(Please Print Clearly)

Date: _____

SSN# _____ - _____ - _____

DL# _____

First Name: _____

Home Phone: _____

Last Name: _____

Cell Phone: _____

Home Address: _____

City _____

State _____ Zip _____

Email Address: _____

Birth Date: ____/____/____ Age: _____

Sex: Male Female Marital Status:

S M W D

Spouse's Name: _____

Names of Children & Ages _____

Occupation: _____

Employer: _____

Work Address: _____

Work Phone: _____

How were you referred to our office? _____

Have you ever been to a chiropractor before? _____

If so, when? _____

List your chief complaints in order of severity: _____

1. _____

For how long? _____

2. _____

For how long? _____

3. _____

For how long? _____

List other doctors consulted for these conditions:

1. _____

2. _____

List the medication(s) you are currently taking:

1. _____

3. _____

2. _____

4. _____

Cause of complaints/symptoms (Please circle): 1) Work related injury 2) Auto Accident 3) Other

Goal Question: If you could accomplish one important thing or mission for your life, what would that be?

PRIMARY INSURANCE: _____
Insurance Co.: _____

(Group Work Comp

Auto Other)
Name of Insured _____

Claim # or Policy #: _____

Group #: _____

Females: Are you pregnant? Y N Not Sure

Patient Health History

Patient Name: _____ Date: _____

The vast majority of our patients have been involved in dozens of IMPACTS that could cause VERTEBRAL SUBLUXATION (spinal misalignments). The doctor wants to discover 5 of yours.

1. When was your MOST recent Auto/Motorcycle Accident? Date: _____
Speed? _____ Mph (please circle all that apply) Front Back Side
Other
Any treatment received? Yes No Chiropractic Care? Yes
No

2. When was the auto accident before that? Date: _____
Speed? _____ MPH (please circle all that apply) Front Back Side
Other
Any treatment received? Yes No Chiropractic Care?
Yes No

Most people have had a slip, a strain, a twist or a fall at home or at work, whether it was reported or not.

3. When was your most recent injury? Date: _____
Briefly describe: _____
Any treatment received? Yes No Chiropractic Care?
Yes No

4. What was the injury before that? Date: _____
Briefly describe: _____

Any treatment received? Yes No Chiropractic Care?
 Yes No

5. What was the injury before that? _____ Date: _____

Briefly describe: _____

Any treatment received? Yes No Chiropractic Care?
 Yes No

Please list any other important traumas (i.e. childhood traumas, illnesses, fractures, sprains, surgeries) not mentioned above:

6. Date: _____ Briefly describe the trauma: _____

Any treatment received? Yes No Chiropractic Care?
 Yes No

7. Date: _____ Briefly describe the trauma: _____

Any treatment received? Yes No Chiropractic Care?
 Yes No

8. Date: _____ Briefly describe the trauma: _____

Any treatment received? Yes No Chiropractic Care?
 Yes No

(Please Turn

Over)

Billauer Family Chiropractic

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CAN YOU SEE HOW THIS IS STARTING TO MAKE SENSE ABOUT HOW VERTEBRAL SUBLUXATIONS ARE CAUSED?

Vertebral Subluxation affects your nervous system which affects your health

9. Vertebral subluxation can put pressure on nerves for a long period or time.

How long have you had:

- | | |
|---------------------|----------------|
| Neck pain/Stiffness | Rib Problems |
| Headaches | Low back Pain |
| Shoulder Pain | Hip/Groin Pain |
| Arm/Hand Pain | Leg Pain |
| High Blood Pressure | Dizziness |

Allergies/Asthma _____

Upper/Mid Back _____

Other _____

Place an X everywhere

Subluxation can cause irritation to different nerve fibers, is your condition:
(please circle all that apply)

Sharp Dull Throbbing Burning Aching Stabbing Pain

11. Depending on the TYPE and degree of subluxation, the nerve pressure can be **constant** or **occasional**. How often do you have yours? _____

12. Vertebral subluxation can cause weakening to the entire spine. Is your condition worse in:

(please circle all that apply)

In the AM In the PM Anytime After Activity

13. Sleeping improperly can create spinal misalignments or enhance pre-existing conditions.

Do you sleep: (please circle all that apply)

On your back On your stomach On your side: Right Left

14. The very first vertebral subluxation can occur during the birthing process.

Have you ever had any complications? YES NO Briefly describe:

Signature: _____ **Date:** _____

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