

File #: _____

Democko Chiropractic

Dr. Joseph Democko
Dr. James Stieglitz

Patient Name: _____

REASON FOR VISIT

Reason for today's visit: ☐ Emergency ☐ New Injury ☐ Old Injury ☐ Chronic Pain ☐ Wellness

Are you in pain? ☐ Yes ☐ No Rate your pain on the scale: Discomfort 1 2 3 4 5 6 7 8 9 10 Intense

Did your injury occur during: ☐ Work ☐ Sports/play ☐ Auto Accident ☐ Routine/Household activity

When did your condition/accident occur? _____ Where did your injury occur? _____

Please explain what happened: _____

Is your condition getting worse? ☐ Yes ☐ No ☐ Constant ☐ Comes and goes

Is your condition interfering with your: ☐ Work ☐ Sleep ☐ Daily routine? If so, how: _____

Has this or something similar happened in the past?

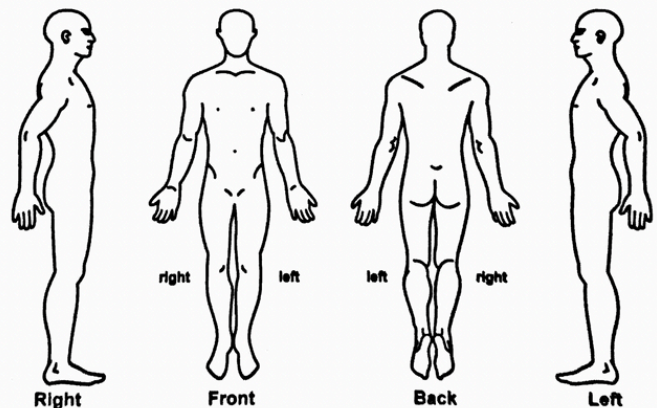
☐ Yes ☐ No Explain: _____

Have you been treated by a medical physician for this condition?

☐ Yes ☐ No If so, where? _____

Have you ever been treated by a chiropractor?

☐ Yes ☐ No If so, where? _____



Using the body chart above, please circle all affected areas.

NOTES: _____

- We invite you to discuss with us any questions regarding our services. The best health services are based on a friendly, mutual understanding between provider and patient.
- Our policy requires payment in full for all services rendered at the time of visit, unless other arrangements have been made with the business manager. If account is not paid within 90 days of the date of service, and no financial arrangements have been made, you will be responsible for legal fees, collection agency fees, interest charges and any other expenses incurred in collecting your account.
- I authorize the staff to perform any necessary services needed during diagnosis and treatment. I also authorize the provider to release any information required to process insurance claims.
- I understand the above information and guarantee this form was completed correctly to the best of my knowledge and understand it is my responsibility to inform this office of any changes to the information provided.

Patient's Signature: _____ Date: _____