

# Rotella Chiropractic & Acupuncture Center

## Patient Information

*Thank you for choosing our practice for your Chiropractic, Acupuncture, herbal and nutritional needs. Please complete this form. Please note that information provided on this form is confidential. It is very important the information given are complete and accurate to assist you properly in your healing process. If you have any questions or concerns, do not hesitate to ask for assistance.*

(Please Print)

Name \_\_\_\_\_ Date \_\_\_\_\_  
          First          MI          Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex:   \_\_Female    \_\_Male    \_\_\_Transgender/Intersex    \_\_Other

Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Do you prefer to receive calls at:           Home           Work           Cell           Doesn't matter  
Is it ok to leave a message?           yes           no

Email address \_\_\_\_\_

Is it ok to send newsletter via email \_\_\_\_\_ Is it ok to send appointment reminders \_\_\_\_\_

Are you:  \_\_Minor  \_\_Married  \_\_Divorced  \_\_Widowed  \_\_Single  \_\_Separated  \_\_Partnered

Occupation \_\_\_\_\_

For minor's only - parent's name \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

## Patient Condition

Reason for visit \_\_\_\_\_

When did you first notice the symptoms? \_\_\_\_\_

Is this condition getting progressively worse? \_\_\_\_\_

Where is the problem located? \_\_\_\_\_

Please list all medications, vitamins and herbs you are currently taking:

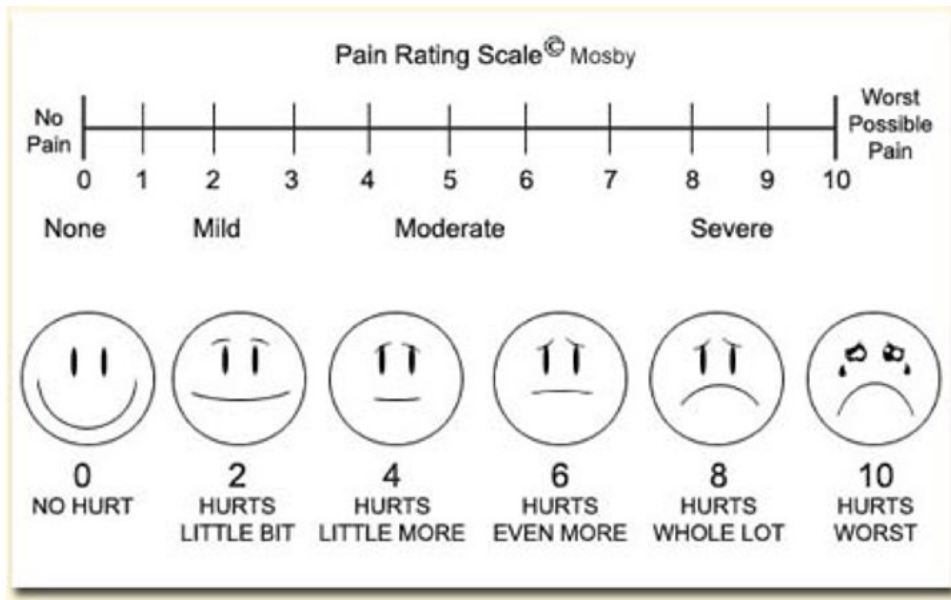
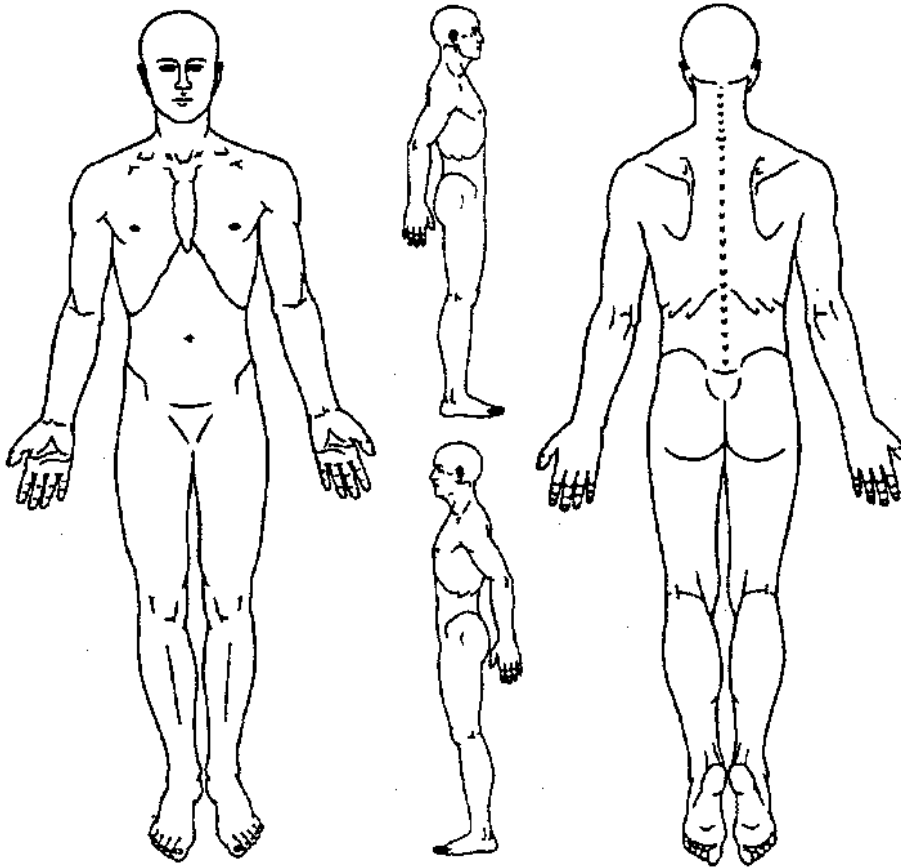
\_\_\_\_\_

Allergies: \_\_\_\_\_

Do you have any of the following? **Cold sores, ringworm, bed bugs, open wounds, scabies, boils, fungal infections, lice, mites, warts, impetigo, erysipelas, shingles, HIV, Hepatitis, poison ivy, or any contagious conditions?**   Yes           No           If yes, please describe \_\_\_\_\_

Mark the diagram with pain and type of pain:

A – ACHE B – BURNING N – NUMBNESS P – PINS & NEEDLES  
S – STABBING O – OTHER.



**Rate the severity of your pain from 0 to 10**

