Shepherd Family Chiropractic
279 Placerville Dr. Ste C, Placerville, CA

WELCOME!

CONFIDENTIAL PATIENT INFORMATION

DATE_____FILE#_____HOME PHONE (_____)_____

NAME_____WORK PHONE (_____)_____

MAILING ADDRESS_____ CITY _____ZIP_____

Spouse Name_____ EMAIL ADDRESS_____

IS THIS VISIT DUE TO AN ACCIDENT? ( ) YES ( ) NO ( ) AUTO ( ) WORK ( ) OTHER_____

Which one of our patients may we thank for referring you? _____

Age_____ Birth Date_____ Marital Status_____

Employed By_____ Occupation_____

Do you have **Health Insurance**? YES ☐ NO ☐ SS#_____

Primary Insurance Company _____ Phone_____

Secondary Insurance Company_____ Phone_____

Surgeries? (Give Dates) _____

Please list any medication you are currently taking and why:

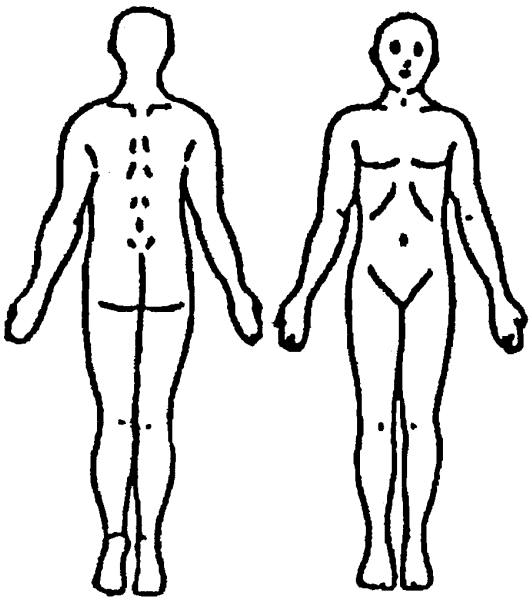
_____

I authorize Shepherd Family Chiropractic to render necessary services to me and I am responsible for all charges incurred. I authorize the staff to perform any necessary services needed during diagnosis and treatment. I also authorize the provider and or managed care organization, 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 I have provided.

Signature _____ Date _____

Guardian or spouse authorizing care _____

PLEASE MARK AN X ON THE DIAGRAM
WHERE YOUR PROBLEMS ARE



What hurts and how long has it hurt?

_____
_____
_____

List your chief complaints in order of severity

1. _____
2. _____
3. _____

List other Chiropractic or Medical Doctors you have consulted for these conditions.

_____
_____
_____

Check any of the following you have had in the last six months:

- ☐ Headaches
- ☐ Sinus Congestion/Allergies
- ☐ Vision Problems
- ☐ Ear Aches
- ☐ Dizziness
- ☐ Heart Problems
- ☐ Lung Problems/Congestion
- ☐ Blood Pressure Problems
- ☐ Ankle Swelling
- ☐ Prostate/Sexual Dysfunction
- ☐ Menstrual Cycle Dysfunction
- ☐ Numbness
- ☐ Frequent Nausea/Vomiting
- ☐ Abdominal Cramps
- ☐ Constipation
- ☐ Diarrhea
- ☐ Poor/Excessive Appetite
- ☐ Excessive Thirst
- ☐ Painful/Excessive Urination
- ☐ Discolored Urine
- ☐ Diabetes
- ☐ Cancer

Are you pregnant? (Please Circle) Yes No Not Sure