

INITIAL HEALTH STATUS

CARING RELIEF FOR:
*Headaches
Back and neck pain
Shoulder and arm pain
Knee and leg pain
Whiplash*



FOR YOUR COMFORT AND CONVENIENCE
*Available weekends
Same-day appointments
Insurance accepted and filed
Flexible payment plans
Major credit cards accepted*

RESSLER CHIROPRACTIC INC.

Where your relief is our first concern, but your health is our primary purpose.

Name _____ Male Female Home Phone _____

Address (No P.O. Box) _____ City _____ Zip _____

The below box is our primary means of communication, please complete as legibly as possible.

Email Address _____ Cell Phone _____
*Social Security # _____ - _____ - _____ *Required for HIPAA
Portal Communication Carrier/Provider (att, sprint, Verizon...) _____

Age _____ Date of Birth _____ Marital: M S How many children? _____

Occupation _____ Employer _____

Employer Address _____ City _____ Zip _____

Work Phone _____

Chief complaint(s): Neck Upper back Mid back Low back
 Shoulder/arm Hip/leg Headaches Other _____

Date problem began _____

Other doctors seen for this condition _____

Is this condition due to a: Work injury? Auto accident? Slip and fall? N/A

How problem began _____

Have you lost any days of work recently? No Yes Dates: _____

What is your Height: _____ Weight: _____ Blood Pressure: _____ / _____ (last reading)

Current complaint (how you feel today): 0 1 2 3 4 5 6 7 8 9 10
No Pain Unbearable Pain

How often are your symptoms present?
(Occasional) 10 - 25% 26-50% 51-75% 76 - 100% (Constant)

In the past week, how much has your pain interfered with your daily activities (e.g., work, social activities, or household chores)?

0 1 2 3 4 5 6 7 8 9 10
No interference Can't Do Anything

Financial Responsibility

- I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment.
- I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be immediately due and payable.

Patient's Signature _____

Date _____