PERSONAL HEALTH HISTORY

Chiropractic Partners, Dr. Nicholas J. Ferez, DC,FASA 501 Gateway Dr. Ste. 103 Clayton, NC 27520 919-550-9355 919-550-9387-fax

Personal

Name: 1st_____MI____ Last_____ SS# _____-____-_____ Date ___/___/___

Address: _____ Bday:____/____/____ Age:_____ Sex: __M __F

City/State/Zip _____ Chief Complaint: _____

Employer: _____ Type of Work: _____

Marital Status _____ Name & ages of children _____

Phone

Home #: _____-_____-_____ Work #: _____-_____-_____ Mobile #: _____-_____-_____

Other #: _____-_____-_____ E Mail: _____(optional)

Insurance **(or give us your insurance card to copy)**

Ins. Co.: _____ Ins. Plan:_____ Insured's name: _____

Ins. ID#: _____ Ins. Grp.#: _____ Insured's S.S.#: _____-____-_____

Insured's DOB: ____/____/_____. Ins Ph. # : 1-800-_____-_____

Spouse

Spouse Name _____ Employer _____ Spouse's Bday _____/_____/_____

Spouse S.S.# _____-_____-_____ Work # : ____-_____-_____ Mobile # : _____-_____-_____

General

How were you referred to our office? _____

Emergency Contact: Name_____ Phone # ____-_____-_____ Relationship: _____

Your Medical Doctor: Name_____ Phone #____-_____ -_____ Town: _____

Who Is Responsible For Your Bill… You and…. …. □ Spouse, □ Health Insurance, □ Auto Insurance,

□ Medicare, □ Medicaid, □ Worker's Comp., □ Other Explain : _____

Is your condition due to an auto accident or work injury? Y / N , If yes, when? _____

CHECK ANY OF THE FOLLOWING DISEASES YOU HAVE HAD:

□ Tuberculosis	□ Heart Disease	□ Lung Problems	□ Psychiatric disorder
□ Anemia	□ Thyroid	□ Hepatitis	□ Multiple Sclerosis
□ Diabetes	□ Osteo-Arthritis	□ Ulcers	□ Fibromyalgia
□ **Cancer**/Tumors	□ Epilepsy	□ Sexual disease	□ **Strokes** / Passing out
□ Kidney problem	□ Allergies	□ Systemic Lupus	□ High / Low Blood Pressure
□ Liver problems	□ Asthma	□ Meningitis	□ Rheumatoid-Arthritis

INTAKE:

□ White Sugar
□ Coffee
□ Tea
□ Alcohol
□ Cigarettes

MARK YOUR AREAS OF PAIN :