McAllister Chiropractic
1645 Willow Street Suite 100
San Jose, CA 95125

PATIENT RENEWAL FORM

Date: _____

Patient Name: _____ Birth date: _____

Address _____ City _____ State _____ ZIP _____ Social Security Number: _____

Preferred Number: ☐ Cell ☐ Work ☐ Home Secondary Number: (Home, Work or Cell?) _____

Email Address: _____ Employer/ School: _____

Insurance Information:

☐ Personal Injury Claim Number_____ Adjuster's Name & Number: _____

☐ Workers Compensation Claim Number_____ Adjuster's Name & Number: _____

☐ Insurance

Primary Insurance/ Member Number: _____ Secondary Ins. Name & ID #: _____

☐ Anthem Blue Cross ☐ Blue Shield ☐ United Health Care
☐ Aetna ☐ Santa Clara County IPA ☐ Medicare
☐ American Specialty Health (Kaiser, Cigna & Health Net) ☐ Cash Rate (NO INSURANCE) ☐ Other _____

Reason for Visit:

Briefly describe your current problem, when and how the injury came about:

_____

_____

_____

How frequent is your condition?

☐ Constant ☐ Daily ☐ Intermittent
☐ Night only ☐ Comes and goes ☐ Other _____

Have you tried anything to help alleviate the pain? If so, please state here:

_____

Have you been treated for this injury before? _____

Type of pain:

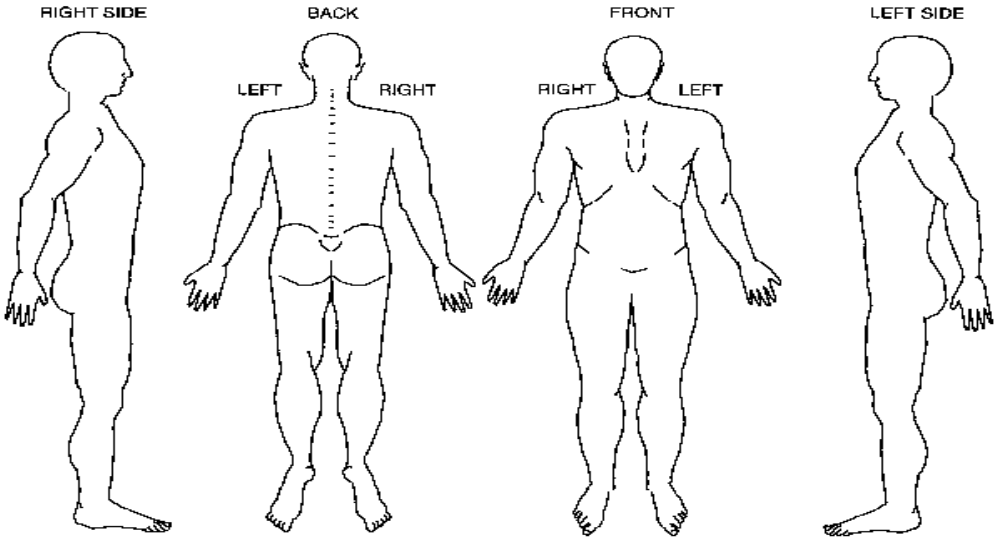
- ☐ Sharp
- ☐ Dull
- ☐ Aching
- ☐ Burning
- ☐ Stiffness
- ☐ Cramps
- ☐ Throbbing
- ☐ Shooting
- ☐ Tingling
- ☐ Swelling
- ☐ Numbness
- ☐ Other _____

Rate your pain:

Please check the activities or movements that are painful to perform:

- ☐ Sitting
- ☐ Bending
- ☐ Lifting
- ☐ Standing
- ☐ Lying Down
- ☐ Twisting
- ☐ Walking
- ☐ Getting up
- ☐ Other _____

Mark the area on the picture where you are hurting:



Signature _____ Date _____