



**SOUTHCOAST SPINE SPECIALIST
DR. JOHN P. TSONIS**

NEW PATIENT HEALTH INFORMATION QUESTIONNAIRE

IF YOU HAVE ANY DIFFICULTY FILLING OUT THIS INFORMATION PLEASE FEEL FREE TO ASK FOR ASSISTANCE

PATIENT INFORMATION (Please Print)

Name _____ Date _____ SSN _____

Address _____ City _____ State _____ Zip _____

Sex: Male/Female Birthday _____ E-mail _____

Home Phone(____) _____ Cell Phone(____) _____ Work Phone(____) _____

Employer/School _____ Occupation _____

Employer Address _____ City _____ State _____ Zip _____

Who may we thank for referring you to us? _____

Person to contact in case of emergency? _____

Marital Status (Circle One)? Married Widowed Single Minor Separated Divorced Partnered

INSURANCE INFORMATION: PLEASE PRESENT YOUR INSURANCE CARDS AND DRIVERS LICENSE TO ENSURE WE HAVE THE PROPER INFORMATION FOR BILLING PURPOSES.

HEALTH INFORMATION

Reason for visit (be specific)? _____

What makes you symptoms worse? _____

What makes your symptoms better? _____

Have you received any prior treatment for your symptoms? Y/N Explain: _____

Have you seen a chiropractor for this condition or another condition? Y/N Was it a positive experience? Y/N

Who is your primary care physician? _____ Do you mind if we contact Him/Her? Y/N

Date of last Physical _____

(Women) Are you pregnant? : Y/N Nursing? : Y/N Taking birth control? : Y/N

List any surgeries (including minor surgeries) _____

List all Medications and Supplements you take:
