

Sigillo Chiropractic PC.

Please complete this questionnaire. This questionnaire is considered confidential.

Date: _____

First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Date of Birth _____

SS# _____ Gender Male Female

Marital Status: Married Divorced Single Widow Number of Children _____

Your Employer & Occupation _____ Work phone _____

Spouses name _____ Employer _____

Who referred you to our office? _____

In case of an emergency please give us a name of a relative or spouse not living with you.

Name _____ Phone _____

Health Information:

Is this injury the result of a work related injury or car accident? Yes No

What is your primary reason for coming to the office? _____

Does the pain radiate anywhere? Yes No If so where? _____

How and when did it start _____

Have you had prior symptoms in this area? Yes No

What makes your symptoms better? _____ Worse _____

How would you describe your pain? _____

Is your condition getting: better, worse, Stays the same, or comes and goes

Who is your medical doctor? _____

Have you seen him/her for this condition? Yes No

Have you missed any workdays due to this problem? Yes No

Have you been treated by a chiropractor before? Yes No If yes, who was the chiropractor? _____

Have you had x-rays taken previously of your problem area? Yes No

If yes, where were the x-rays taken? _____

Have you ever had surgery? Yes No If yes, when? _____

Have you ever experienced injuries from falls, accidents or sports? _____

Any additional information the doctor should know: _____

Please list any medications you are taking. _____

Please rate your sleep: Light Moderate Heavy

Do you wear any of the following: Heel lifts, sole lifts or arch supports

Circle your problems:

General: Allergies Convulsions Dizziness Fainting Fatigue
Headaches Loss of sleep Loss of weight Nervousness
Depression Numbness

Muscle and Joints:

Arthritis Bursitis Hernia
Neck pain Mid back pain Tail bone pain
Poor posture Sciatica Low back pain
Cramps Spinal curvature

Do you have numbness in: Shoulders Arms or Hands Legs or Feet

Gastrointestinal

Constipation Diarrhea Gall Bladder trouble
Hemorrhoids Liver trouble Nausea Pain over stomach

Ears, Nose Etc.

Asthma Deafness Earache Ear noises
Eye Pain Failing Vision Thyroid problems

Cardio-vascular:

Hardening of the arteries High Blood pressure
Low blood pressure Pain over heart
Poor circulation Rapid heart beat
Slow heart beat Swelling of ankles

Respiratory:

Chest pain Chronic cough Difficult breathing
Wheezing Spitting up blood or phlegm

Genito-urinary

Bed-wetting Blood in urine Frequent urination
Painful urination Prostate trouble Kidney stones/infection

Women Only

Are you pregnant Cramps Excessive bleeding
Painful menstruation

Circle any of the following you have had and please date

Alcoholism Anemia Cancer Appendicitis
Diabetes Emphysema Epilepsy Arteriosclerosis
Gout Pleurisy Polio Multiple Sclerosis
Stroke Lupus Tuberculosis Fibromyalgia

INSURANCE CARRIER _____

POLICY NUMBER _____

My attorney and/or insurance company are hereby requested and authorized to pay direct to Sigillo Chiropractic PC any monies due to them on my account. The same can be deducted from any settlement made on my behalf. Further, I agree to pay Sigillo Chiropractic PC the difference, if any, between the total amount of charges and the amount paid to them by the attorney/insurance carrier.