# Health & Stability Spinal Care

6130 S Maplewood Ave, Ste-B, Tulsa, OK 74136 ▪Phone (918) 991-5427▪
www.healthandstability.com

## Confidential Patient Application

**PATIENT INFORMATION:**

Name: ______________________________ Date: ______________

What Do You Prefer To Be Called: ______________________
Sex: M or F
Date of Birth:______________
Age:____________
Home Phone: ( ) ____ - ______
Cell Phone: ( ) ____ - ______
Address: ______________________________
City: ______________________ State: ______ Zip: ____________
Email: ______________________

Employer/Occupation: ______________________________
Work Phone: ( ) ____ - ______

**SPOUSE INFORMATION:**

Name: ______________________ Date of Birth: ______________________
Employer: ______________________ Cell Phone: ______ - ______ - ________

Who referred you to our office? ______________________________

**REASON FOR CONSULTING OUR OFFICE:**

List your health concerns in order of importance:

| Health Concern | What have you tried to solve this concern? |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

Have you ever been to a Chiropractor? ______ If yes, how long ago? ____________

**Circle any of the following that are part of your health picture**
(past or present):

| | | | |
|---|---|---|---|
| Allergies | Fibromyalgia | Cerebral Palsy | Digestive Disorders |
| Cancer | Multiple Sclerosis | ALS | Sinus Trouble |
| Tuberculosis | Convulsions | Nervousness | Backaches |
| High Blood Pressure | Epilepsy | Asthma | Numbness |
| Heart Trouble | Concussion | Dizziness | Arthritis |
| Diabetes | Hepatitis | Infertility | HIV positive |
| Headaches | Fatigue | Sleeping problems | Cold Sweats |
| Mood swings | Loss of smell | Buzz/ring in Ears | Depression |
| Irritability | Problems urinating | Hot Flashes | Heartburn |
| Menstrual pain | Menstrual irregularity | Loss of Balance | Fainting |
| Neck Pain | ADHD | Sciatica | Memory Loss |

What is the name of your regular Medical Doctor? ______________________________

May We Update your Medical Doctor with our Exam Findings? YES NO

Please Provide Your Doctors Clinic Name/Address Here:
______________________________________________________________
______________________________________________________________

**CURRENT LIST OF SURGERIES, MEDICATIONS, AND HISTORY OF TRAUMA**

List all operations and their date:
1. ______________________________________________________
2. ______________________________________________________
3. ______________________________________________________
4. ______________________________________________________

Medications currently taking: (if more than four please provide list)
1. ______________________________________________________
2. ______________________________________________________
3. ______________________________________________________
4. ______________________________________________________

Is your condition made worse with physical stress (standing, sitting, driving)? Yes/ No

Is your condition made worse by mental stress? Yes/No

| | | |
|---|---|---|
| Do you have insurance? | YES | NO |
| Do you have Medicare? | YES | NO |
| Do you have Disability insurance? | YES | NO |

I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment at time of service, whether or not my insurance company will reimburse me. I hereby authorize the doctors at Health and Stability Spinal Care to administer care as they so deem necessary. I certify that the information in this entire intake form is true and correct. By signing below I also acknowledge receipt of the privacy practices of this office.

_____________________________________________________ __________

Patient's (Parent or Guardian's) Signature Date

If you have insurance please provide your ID Card when you return this form to the receptionist. We will gladly provide you with the form you need to submit to your insurance company for reimbursement. Medicare does not reimburse for services in our office, therefore, we do not provide forms for submission.

**We look forward to serving you!**