

Manuel E. Valle, D.C., A.R.T
In Motion Sports & Family Chiropractic
2165 Fourth Street, Livermore, CA 94550
(925) 292-5850

Patient Information

Name: _____ SSN: _____ Birth date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail _____ Sex: M F Marital Status: _____ No. Children _____

Who is responsible for your bill: Self Personal Ins. Work Comp Parent Auto Ins. MC

Referred to this office by: _____

Employment Information

Employer: _____ Occupation: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Emergency Information

Name of Emergency Contact: _____ Phone: _____

Relationship to Patient: _____

Current Health Condition

Chief Complaint: _____

When did the condition begin: _____

Can you perform your regular work duties: Yes No

Is your condition due to an accident? Yes No Illness? Yes No Other: _____

Did your accident occur at work? Yes No Date of Accident: _____

Were you involved in an automobile accident? Yes No Date of Accident: _____

Do you have any drug allergies? Yes No If yes, what? _____

Are you currently on any medications: Yes No If so, what: _____

Past Health History

Please report any past health conditions that may affect a proper diagnosis.

Major Surgeries or Operations: Yes No If yes, explain: _____

Broken Bones: Yes No Major falls or accidents: Yes No Hospitalizations: Yes No

Describe your most recent medical Treatment: _____

Previous Chiropractic care: Yes No Name of Doctor: _____

Review of Systems (Check all that apply)

Diseases

- Heart Disease
- Cancer
- Polio
- Tuberculosis
- Anemia
- Chicken Pox
- Diabetes
- Epilepsy
- MS
- Parkinson's
- Allergies

Genitourinary

- Bladder trouble
- Painful Urination
- Excessive Urination
- Discolored Urine

Male/Female

- Menstrual problems
- Breast lumps
- Prostate problems
- Sexual dysfunction

Musculoskeletal

- Low Back Pain
- Mid-back pain
- Neck Pain
- Arm Pain
- Leg Pain
- Joint Pain or Stiffness
- Difficulty walking
- Clicking or painful jaw

Nervous System

- Numbness
- Paralysis
- Dizziness/Vertigo
- Forgetfulness
- Confusion
- Depression
- Fainting
- Convulsions
- Cold/Tingling Extremities

Gastro-intestinal

- Excessive thirst
- Nausea
- Vomiting
- Diarrhea
- Constipation
- Weight problems
- Abdominal cramps
- Gas or bloating
- Heartburn

Cardiovascular

- Chest Pain
- Shortness of breath
- High blood pressure
- Irregular heartbeat
- Lung problems
- Ankle swelling
- Heart problems

EENT

- Vision Problems
- Hearing Problems
- Difficulty Swallowing

Females Only

When was your last period? _____ Is there a possibility that you may be pregnant? Yes No

Consent for Treatment and Insurance Authorization

I hereby authorize the release of information to my insurance company concerning the charges and treatment provided to me by the Doctor of Chiropractic at In Motion Sports and Family Chiropractic. I hereby assign benefits and I understand that payment is due as services are provided, including my deductible, co-payment, coinsurance, or any balance not paid by my insurance company (excluding contractual allowance). If, after 60 days, insurance payment has not been received, I understand that the charges are my responsibility and payable immediately. Additionally, I consent to treatment as deemed necessary by the Doctor of Chiropractic at In Motion Sports and Family Chiropractic.

Patient Signature: _____ Date: _____