

CASE HISTORY (Please write legibly)

TODAY'S DATE.....

Name.....Birthdate.....Age.....

Street Address.....City.....

State.....Zip..... Email address.....

Phone: Home.....Cell.....Work.....

Referred to our office by:

Circle one: Single Married Divorced Widowed Separated

Name of spouse.....# children.....Ages.....

Your occupation.....Employer.....

Spouse's occupation.....Employer.....

Method of payment (please circle one) Cash Check Credit Card Workman's Comp Auto/Accident Insurance

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Many health insurance policies cover chiropractic. Be fully aware of the provisions of your policy. Our professional services are rendered and charged to you, not to insurance companies. We will provide itemized statements to attach to your claim when you submit it. The insurance company will reimburse you directly. This applies to HEALTH insurance only. Workman's Comp and Auto/Accident billed by us directly.
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Primary Complaint and Symptoms:.....

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List all medications being taken and conditions used for:

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aspirin.....pain pills.....cold/sinus.....laxative.....sleeping pills.....birth control pills.....

Have you had chiropractic care before?.....Xrays taken?.....

I certify that the above information is complete and accurate to the best of my knowledge, and hereby consent to receive chiropractic treatment by Dr. Pranaitis, signed

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