

WHITELEY CHIROPRACTIC CENTER INC

735 East Ohio Ave, Suite 101 Escondido, CA 92025
760-480-7555 (p) 760-480-7593 (f)

PATIENT NAME _____ BIRTH DATE _____

MALE _____ FEMALE _____ SINGLE _____ MARRIED _____ WIDOWED _____ DIVORCED _____ SEPARATED _____

PRIMARY LANGUAGE _____ LANGUAGE ASSISTANCE NEEDED? _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRIMARY PHONE# _____ EMAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE# _____

RELATIONSHIP TO PATIENT _____

EMPLOYER _____ OCCUPATION _____

RESPONSIBLE PARTY _____ RELATIONSHIP _____ SELF _____ SPOUSE _____ PARENT

IF PATIENT IS A MINOR ARE PARENTS _____ MARRIED _____ DIVORCED _____ CUSTODIAL PARENT _____

REFERRED BY _____

IS THIS A WORK RELATED _____ AUTO _____ RELATED INJURY? CLAIM # _____

ADJUSTER NAME _____ PHONE # _____

HEALTH INSURANCE COMPANY NAME
#1 _____ ID# _____

SUBSCRIBER NAME _____ DATE OF BIRTH _____

HEALTH INSURANCE COMPANY NAME
#2 _____ ID# _____

SUBSCRIBER NAME _____ DATE OF BIRTH _____

IF YOU DO NOT HAVE INSURANCE WILL YOU BE PAYING _____ CASH _____ CREDIT (VISA/MASTERCARD) _____ CHECK

DATE PROBLEM BEGAN _____

INDICATE WHERE YOU HAVE PAIN/SYMPTOMS

HOW PROBLEM BEGAN _____

HOW DO YOU FEEL TODAY 1 2 3 4 5 6 7 8 9 10 (CLICK ONE)
NO PAIN UNBEARABLE PAIN

HOW OFTEN ARE SYMPTON PRESENT _____ 0-25% _____ 26-50% _____ 51-75% _____ 76-100%

IN THE PAST WEEK HOW MUCH HAS YOUR PAIN INTERFERED WITH YOUR DAILY ACTIVITIES

(WORK, SOCIAL ACTIVITIES, HOUSEHOLD) 1 2 3 4 5 6 7 8 9 10 (CLICK ONE)
NONE UNABLE TO CARRY ON DAILY ACTIVITY