MAPLEBROOK CHIROPRACTIC

Maplebrook Chiropractic – Dr. Nadia Carpanzano, D.C.
365 E. Bailey Road Naperville, IL 60565
630.536.8002

Chiropractic Case History & Patient Information

Personal Information:

Name: _____ **Home Phone:** _____ **Cell Phone:** _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Age: _____ **Date of Birth:** _____ **Race:** _____ **How many children?** _____ **Marital: M S W D**

Occupation: _____ **Employer:** _____ **Office Phone:** _____

Spouse: _____ **Occupation:** _____ **Employer:** _____

Family Medical Doctor: _____

May we have your permission to update your medical doctor regarding your care at this office? ( ) Yes ( ) No

Emergency Contact: _____ **Cell Phone:** _____ **Relation:** _____

Date of Initial Visit: _____ **How did you hear about us?** _____

Please check any and all insurance coverage that may be applicable in this case:

( ) Major Medical	( ) Worker's Compensation	( ) Medicaid	( ) Medicare
( ) Auto Accident	( ) Health Savings Account - HSA	( ) Flexible Spending Account - FSA	( ) Other

Name of Primary Insurance Company: _____

We ask for a copy of your current insurance card.

AUTHORIZATION AND RELEASE: I authorize payment of insurance benefits directly to the chiropractor or chiropractic office. I authorize the doctor to release all information necessary to communicate with personal physicians and other healthcare providers and payors and to secure the payment of benefits. I understand that I am responsible for all costs of chiropractic care, regardless of insurance coverage. I also understand that if I suspend or terminate my schedule of care as determined by my treating doctor, any fees for professional services will be immediately due and payable.

I further accept Maplebrook Chiropractic's 24-hour cancellation policy. Clients must re-schedule or cancel their appointments with at least a 24-hour notice. Appointments missed or cancelled with less than 24 hours can be billed as there are staff and schedule requirements that are made when we expect to see the patient at the office.

The patient understands and agrees to allow this chiropractic office to use their Patient Health Information for the purpose of treatment, payment, healthcare operations, and coordination of care. We want you to know how your Patient Health Information is going to be used in this office and your rights concerning those records. If you would like to have a more detailed account of our policies and procedures concerning the privacy of your Patient Health Information we encourage you to read the HIPAA NOTICE that is available to you at the front desk before signing this consent. The following person(s) have my permission to receive my personal health information:

_____

Patient's Signature: _____ **Date:** _____

Guardian's Signature Authorizing Care: _____ **Date:** _____

Maplebrook Chiropractic – Dr. Nadia Carpanzano, D.C.
365 E. Bailey Road Naperville, IL 60565
630.536.8002

Chief Complaint – Purpose of this appointment: _____

Date symptoms appeared or accident happened: _____ Due To: ( ) Auto ( ) Work ( ) Other

Have you ever had the same or a similar condition? ( ) Yes ( ) No If yes, when and describe: _____

Days lost from work: _____ Date of last physical examination: _____

Do you have a history of stroke or hypertension? _____

Have you had any major illnesses, injuries, falls, auto accidents, or surgeries? [Women] Please include information and dates about childbirth.

_____

Have you been treated for any health condition by a physician in the last year? ( ) Yes ( ) No

If yes, describe: _____

What medications or drugs are you taking? _____

Do you have any allergies to any medications? ( ) Yes ( ) No

If yes, describe: _____

Do you have allergies of any kind? ( ) Yes ( ) No

If yes, describe: _____

Do you have a Congenital Condition? ( ) Yes ( ) No

If yes, describe: _____

[Women] Are you pregnant? ( ) Yes ( ) No

SOCIAL HISTORY

Please indicate beside each activity whether you engage in it: OFTEN = "O" SOMETIMES = "S" NEVER = "N"

Vigorous Exercise _____
Moderate Exercise _____
Alcohol Use _____
Tobacco Use _____
Caffeine _____
High Stress Activity _____
Family Pressures _____
Financial Pressures _____
Other Mental Stresses _____

MAPLEBROOK CHIROPRACTIC

Maplebrook Chiropractic – Dr. Nadia Carpanzano, D.C.
365 E. Bailey Road Naperville, IL 60565
630.536.8002

Have you had or do you now have any of the following symptoms/conditions?

Please indicate with the letter C if you have these conditions CURRENTLY or P if you have had these conditions PREVIOUSLY.

1. Headaches _____ Frequency _____
2. Neck Pain _____
3. Stiff Neck _____
4. Sleeping Problems _____
5. Back Pain _____
6. Nervousness _____
7. Tension _____
8. Irritability _____
9. Chest Pains / Tightness _____
10. Dizziness _____
11. Shoulder/Neck/Arm Pain _____
12. Numbness in Fingers _____
13. Numbness in Toes _____
14. High Blood Pressure _____
15. Difficulty Urinating _____
16. Weakness in Extremities _____
17. Loss of Balance _____
18. Fainting _____
19. Loss of Smell _____
20. Loss of Taste _____
21. Unusual Bowel Patterns _____
22. Feet Cold _____
23. Hands Cold _____
24. Arthritis _____
25. Muscle Spasms _____
26. Frequent Colds _____
27. Fever _____
28. Sinus Problems _____
29. Diabetes _____
30. Indigestion Problems _____
31. Joint Pain/Swelling _____
32. Menstrual Difficulties _____
33. Breathing Problems _____
34. Fatigue _____
35. Lights Bother Eyes _____
36. Ears Ring _____
37. Broken Bones/Fracture _____
38. Rheumatoid Arthritis _____
39. Excessive Bleeding _____
40. Osteoarthritis _____
41. Pacemaker _____
42. Stroke _____
43. Ruptures _____
44. Eating Disorder _____
45. Drug Addiction _____
46. Gall Bladder Problems _____
47. Ulcers _____
48. Weight Loss/Gain _____
49. Depression _____
50. Loss of Memory _____
51. Buzzing in Ears _____
52. Circulation Problems _____
53. Seizures/Epilepsy _____
54. Low Blood Pressure _____
55. Osteoporosis _____
56. Heart Disease _____
57. Cancer _____
58. Coughing Blood _____
59. Alcoholism _____
60. HIV Positive _____

Have you ever been adjusted before by a Chiropractor? Yes No
If yes, how long ago? _____

Would you be interested in hearing more about therapeutic massage to help supplement your Chiropractic Care? Yes No

Please explain any condition that you have marked above or anything else about your health history that you think might be important for your Chiropractor to know.

_____

_____

_____