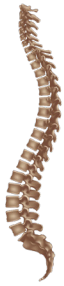


WELLNESS CHIROPRACTIC

Dr. Nader Harerchan

Industrial Disability Examiner

14034 Poway Rd, Suite P
Poway, CA 92064
Phone: (858) 513-0094 Fax: (858) 513-0096

Office use:
Date: Account No:

Personal History

Name: _____ Social Security #: _____
Birth Date: _____ Age: _____ Sex: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____
Business: _____ Type of work: _____
Circle one: Single Married Widowed Divorced Separated
Spouse's name: _____ Spouse's SSN: _____
Spouse's work: _____ Type of work: _____
Spouse's Work phone: _____
Emergency contact: _____ Phone: _____

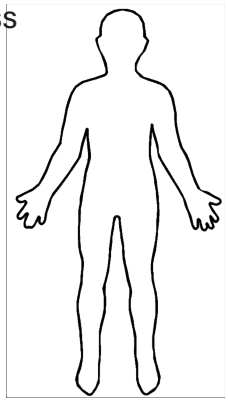
Who is responsible for your bill? (circle one) Self Spouse Medicaid Medicare Workers Comp Auto Ins Personal Ins
Health Insurance: Name: _____ Card ID# _____
Name of adjuster: _____ Policy # _____ Claim # _____

Current Health Status

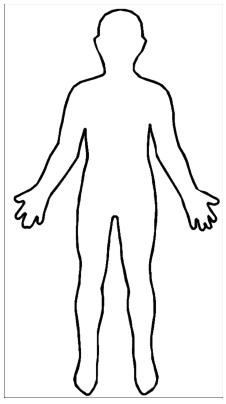
Purpose of appointment:
Have you seen other doctors for this? Y N Who? _____
Type of treatment: _____ Results _____
When did condition start? _____ Occured before? Y N
Is condition: (circle one) Job related Auto Accident Fall Other: _____
Date of accident: _____ Time of Accident: _____
Current medications: (circle) Nerve pills Pain killers/Muscle relaxers Blood Pressure Insulin Other: _____
Do you suffer any other condition besides the one you are consulting us for? Y N
Do you have any metal implants or a pacemaker? Y N Do you smoke? Y N
Do you consume alcoholic beverages? Y N Do you consume coffee, tea, soda with caffeine? Y N

Circle areas with pain or stiffness

Front



Back



Turn Over

Past Health History

Ever had any:
Major surgery, operations, broken bones, major accident, falls or hospitalization? _____

_____

_____

_____

Previous chiropractic care? Y N Name and approx date of last visit? _____

Below are a list of diseases which may seem unlrelated to the purpose of your appointment. However, these questions must be answered carefully as these problems can affect your overall course of chiropractic care.

Circle any of the following you have:

Low back pain Neck pain Walking problems Pain between shoulders Arm pain
Difficult chewing/clicking jaw Joint pain/stiffness General stiffness

Questions:
Have you ever had cancer? Y N
Does your pain ever wake you from a sound sleep? Y N
Are you loosing weight without trying? Y N
Do you cough up blood or noticing it in your stool or urine? Y N If yes, which one (or all)?
Do you have a loss or bladder or bowel control? Y N
Have you ever been unconscious? Y N
Are you seeing any other doctor? Y N
Do you have any health problems? Y N
Are you taking any prescribed or over-the-counter medications? Y N
(Females) Are you currently pregnant? Y N

Informed Consent

Dear Patient:
It is our goal in this office to provide you with the best possible chiropractic treatment and service. However, with chiropractic procedure, like any other medical procedure, there may be very rare occasions some complications occur like cereral vascular accident with chiropractic adjustments. Additionally, you may experience additional pain or stiffness temporarily in the treated area. The Doctor does the necessary exams to screen out these complications, however, you need to be informed.
By signing this, you relieve Dr. Nader Harerchan and all of his staff of any responsibility should any complication occur and you also authorize him to give you chiropractic care as he sees necessary.

Patient's Signature _____ Date _____

Guardian or Spouse's Signature Authorizing Care _____