

CONFIDENTIAL PATIENT DATA

IF YOU NEED ANY ASSISTANCE COMPLETING THIS FORM, PLEASE ASK THE RECEPTIONIST

Today's date:					
PATIENT INFORMATION					
Patient's last name:		First:	Nickname:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Married: Yes No	Single: Yes No	Who referred you to us?	
Address Line 2:		Cell Phone:		Home Phone:	
City:	State:	Zip Code:	Email:		
What's the nature of your job? (What do you do physically?)					
Preferred Communication: (circle) Call Text Email					
Major complain: _____ _____					
<p>It is very important for Dr. Armaly to know what you hope to achieve from his care, so that you both can be on the same page.</p>					
Please CIRCLE ONE:					
A. "Emergency" Care: for urgent pain relief: You will come for treatment whenever you hurt and I will do my best to help you feel better before you leave my office.					
B. Short-Term Care: for pain relief and recovery: You will be treated so that you feel better and for the pain relief to stick. This plan will require several weeks of care, depending on condition and age.					
C. Long -Term Care: this plan is designed for a longer time of recovery. It will allow the body to heal more and better. This plan will require several months of care, depending on age and condition.					
Doctor's Notes: _____ _____ _____ _____					

HIPPA- Health Information and Accountability Act

Release of Information Form
Pain Relief Chiropractic

Name: _____ Date of Birth: ____ / ____ / ____

Release of Information:

I authorize the release of information including the diagnosis, records, examinations rendered to me and claims information. (Please check all that apply):

___ Spouse-Name _____	Phone: _____
___ Child(ren)-Name(s) _____	Phone: _____
___ Other-Name _____	Phone: _____

Information is not to be released to anyone other than for insurance purposes and when required by law.

Messages:

Do we have your permission to call your phone? (Circle) Yes No Text: Yes No

If unable to reach me, (choose one):

- () you may leave a detailed message.
- () please leave a message asking me to return your call
- () Other: _____

Do we have your permission to email you and send you regular mail such as:
Newsletter, Birthday Greetings, and office special announcements? (Circle One) Yes No

This Release of information will remain in effect until terminated by me in writing!

Signed: _____ Date: ____ / ____ / ____

