Dr. Michael R Rano RN MSN DC
40 Front Street Suite 1F
Binghamton New York 13905
607- 722-8431

Full Name: ______________________________ Phone: (1) ____________________
Type: ☐ Cell ☐ Text ☐ Landline

Phone: (2) ____________________
Type: ☐ Cell ☐ Text ☐ Landline

Address: ______________________________

____

Emails: ______________________________ Date of Birth: ______________

Occupation: *(Describe what you do)* ______________________________

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Are you pregnant now ☐ Yes ☐ No   Are you planning to be pregnant soon ☐ Yes ☐ No

Are you wearing ☐ Contact lenses ☐ Hearing Aids ☐ Dentures ☐ Prosthetics
Describe ______________________________

____

Allergies ______________________________

____

What kind of activity do you engage in for exercise ______________________________

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____

Do you use ☐ Prescribed Medications ☐ Vitamins ☐ Homeopathics ☐ Herbals ☐ Alcohol ☐ Drugs
☐ Smoke *Type/ Descriptions* ______________________________

____

Current Issue/ Situation *(describe)* ______________________________

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Insurance ☐ Private ☐ Medicare ☐ Secondary Medicare ☐ Auto Accident ☐ Workers' Comp

Describe with ID Numbers ______________________________

____

____

Implants / Prostetics ☐ Knees ☐ Hips ☐ Shoulders ☐ Pacemaker ☐ Cochler ☐ Spinal ☐ Eyes
☐ Insulin pump ☐ Glucose Monitor (CGM) ☐ electric simulator of any kind.
☐ Other *(Describe)* ______________________________

____

Initial ___________ Date __________

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Full Name: ____ Date______________________

Have you been diagnosed with any of the following? Please check ones that apply:

Heart

- ☐ Angina
- ☐ CAD/ coronary artery disease
- ☐ Edema lower limb(s)
- ☐ High Blood Pressure
- ☐ History of Aneurysms
- ☐ History of Blood Clots
- ☐ High Blood Lipids
- ☐ MI / Heart Attack
- ☐ Stroke / TIA

Neurological

- ☐ Memory Loss
- ☐ Dizziness
- ☐ Diabetes
- ☐ Numbness / Paresthesia
- ☐ Neuropathy of hands / feet
- ☐ Transitory Paralysis
- ☐ Tremors /Shacking uncontrolled

Kidney/ Renal

- ☐ Kidney Stones /gravel
- ☐ Urinary Tract Infections - UTI
- ☐ Urinary Incontinence
- ☐ Kidney Disease
- ☐ Prostrate Involvement
- ☐ Pancreatitis
- ☐ Erectile Dysfunction

Gastrointestinal

- ☐ Constipation
- ☐ Diarrhea
- ☐ Diverticulosis
- ☐ G.I. Bleeding
- ☐ Hemorrhoids
- ☐ Gall Bladder Disease
- ☐ Gall Stones
- ☐ Ulcerative Colitis
- ☐ Liver Disease / Hepatitis
- ☐ Cirrhosis

Female

- ☐ Menstrual Irregularities
- ☐ Endometriosis
- ☐ Menopause
- ☐ Hormonal Supplementation
- ☐ Weight Gain
- ☐ Non-cycle Bleeding
- ☐ Vaginal Infections

Immunological

- ☐ Immuno-compromised
- ☐ Immuno-supplemental Meds
- ☐ HIV/Aids
- ☐ Shingles
- ☐ Herpes
- ☐ Cancer – kind?

Neuro-emotional

- ☐ Anxiety
- ☐ Depression
- ☐ Irritability
- ☐ Difficulty Sleeping
- ☐ Fatigue / Exhaustion, feeling of
- ☐ Loss of Interest
- ☐ Paranoia
- ☐ Trouble Concentrating
- ☐ Suicidal/ Homicidal Thoughts
- ☐ Hearing Voices ….. ...
- ☐ Feeling Things …... ...
- ☐ Seeing Things …… ...

…. … … ...that are not present

Pain areas/ types:

☐ Low Back	☐ Neck
☐ Sciatica	☐ Thigh
☐ Leg	☐ Arm
☐ Knee	☐ Elbow
☐ Hip	☐ Shoulder
☐ Foot	☐ Hand
☐ Sacral	☐ Electrical
☐ Chest	☐ Heavy
☐ Ribs	☐ Throbbing

*Describe:*____________________

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I understand the services provided are not a substitute for medical care. Any information provided is for educational purposes only. I give permission to Dr Michael R Rano to discuss information, consult with other healthcare providers as needed for treatment, recommendations and educational purposes.

Sign:___________________________________ **Date:** ___________________