New Haven Family Chiropractic
Dr. Doris M. Kutz-Compton

HIPAA Protected
Health Information

full name ______________________________ date ______________

address ______________________ city ______________ state _____ zip ________

home phone ____________ cell phone ____________ email __________________

birthdate ________ age _____ gender: M F status: single married partnered widowed divorced

occupation ______________________________ work phone ______________

employer ______________________________ may we call you at work? Y N

insurance company ______________________________ please present card to front desk

name of primary insured ______________________________ birthdate ____________

employer ______________________________ city, state ______________

whom may we thank for referring you to our office? ______________________________

have you been treated by a chiropractor before? Y N for ______________________________

primary care physician ______________________________ last visit ______________

list medications ______________________________

list nutritional supplements ______________________________

list surgeries ______________________________

list any broken bones or fractures ______________________________

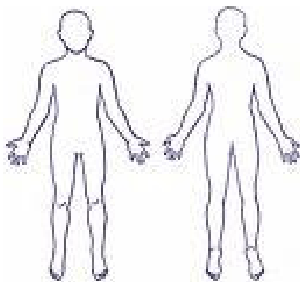
medical history (please mark if you have ever had any of the following):

__ cancer	__ polio	__ tuberculosis	__ high blood pressure	__ heart trouble
__ diabetes	__ hepatitis	__ measles	__ venereal disease	__ dizziness
__ multiple sclerosis	__ convulsions	__ epilepsy	__ concussion	__ arthritis
__ muscular dystrophy	__ neuritis	__ rheumatic fever	__ nervousness	__ asthma
__ sinus trouble	__ numbness	__ anemia	__ fibromyalgia	

__ other (please explain) ______________________________

are your present problems due to an injury or accident? Y N was the accident or injury reported? Y N

please describe what brings you to our office ______________________________



please mark regions of pain on the bodies and indicate severity/type of pain below:

neck:	1 2 3 4 5 6 7 8 9 10	stabbing	ache	numbness	burning
upper back:	1 2 3 4 5 6 7 8 9 10	stabbing	ache	numbness	burning
mid back:	1 2 3 4 5 6 7 8 9 10	stabbing	ache	numbness	burning
lower back:	1 2 3 4 5 6 7 8 9 10	stabbing	ache	numbness	burning
hips:	1 2 3 4 5 6 7 8 9 10	stabbing	ache	numbness	burning
other ________:	1 2 3 4 5 6 7 8 9 10	stabbing	ache	numbness	burning

Patient Signature ______________________________ Date ____________

Guardian Signature ______________________________ Date ____________