

PATIENT INFORMATION FORM
 Hawaii Sports Chiropractic, LLC
 328 Uluniu St. Ste.103, Kailua, HI 96734
 808-295-9939

Patient Name: _____ Birthdate: _____ Sex: M/F

Address: _____ City: _____ State: _____ Zip: _____

Home ph#: _____ Work#: _____ Cell#: _____

Age: _____ SS#: _____ Email: _____ May we send newsletter? Y/N

Married Single Widow Other Spouse Name: _____ Ages of Children _____

Occupation: _____ Employers Name: _____

Referred by: _____

Insurance: HMSA Kaiser Medicare UHA HMAA Summerlin Other _____

Do you have insurance that covers chiropractic? Yes No Unsure

Name of Insurance: _____ Policy Number: _____ Group #: _____

Subscriber Name: _____ Relationship: _____ Primary Care Physician _____

2nd Health Plan Name: _____ Member ID#: _____ Group # _____

Is your condition due to an Auto Accident? Yes No Work Related? Yes No

Are you employed by the City & County or State? Yes No

Have you had Chiropractic before? Yes No. If yes, how long ago? _____

Current Symptoms or Complaints

Please list reasons for this visit:	Date first noticed	Please circle severity of symptom. 0 = none and 10= Severe	Please circle how often this symptom is present:			
		0 1 2 3 4 5 6 7 8 9 10	0-25%	26-50%	51-75%	76-100%
1.		0 1 2 3 4 5 6 7 8 9 10	0-25%	26-50%	51-75%	76-100%
2.		0 1 2 3 4 5 6 7 8 9 10	0-25%	26-50%	51-75%	76-100%
3.		0 1 2 3 4 5 6 7 8 9 10	0-25%	26-50%	51-75%	76-100%

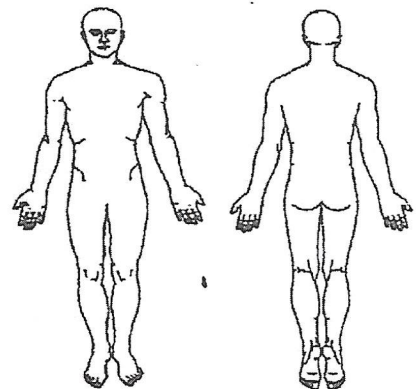
How problem(s) began: _____

Is it getting: Better Worse Staying the same

In the past week, how much has your pain interfered with:

	0 = no interference 10 = severely limits
Sleep	0 1 2 3 4 5 6 7 8 9 10
Work	0 1 2 3 4 5 6 7 8 9 10
Exercise/Sports	0 1 2 3 4 5 6 7 8 9 10
Household chores	0 1 2 3 4 5 6 7 8 9 10
Other _____	0 1 2 3 4 5 6 7 8 9 10

Please Mark Areas of Complaints



What time of the day do you feel worse? _____

What types of exercises do you do? _____

What kinds of therapy have you tried? _____

Most comfortable sleeping position? Side Stomach Back

Main hobbies and sports? _____

Have you had spinal X-rays, MRI, CT scan for your area(s) of complaint? Yes No

Dates(s) taken: _____ What areas were taken? _____