

SHAW CHIROPRACTIC

SHORT UPDATE

Name: _____

Date: ____ / ____ / ____

Address: _____

Date of Birth: _____

Employer: _____

Phone Number: _____ (H)

Job Type: _____

_____ (C)

E-Mail: _____

_____ (W)

PATIENT CONDITION

Present Complaint? _____

Mark an 'X' on the body to show where you are having symptoms

When did your symptoms appear? _____

Type of condition? New Injury Reoccurrence Constant

Type of pain: Aching Burning Numbness Sharp Shooting
 Stabbing Stiffness Throbbing Tingling

How did your symptoms occur? Gradually Slip and Fall
 Sports Injury Lifting Injury Unknown

What positions aggravate your pain? Sitting Standing Walking
 Lying down Bending Lifting None

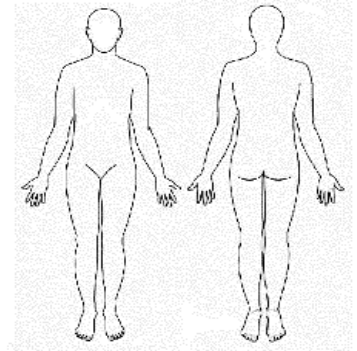
What positions alleviate your pain? Sitting Standing Walking
 Lying down Bending Lifting None

How often do you have this pain? Occasionally (25% of day)

Intermittent (50% of day) Frequent (75% of day) Constant (100% of day)

Please rate the severity of your pain, 1 being the least pain and 10 being the worst pain

1 2 3 4 5 6 7 8 9 10



WORK INJURY

Are you here as a result of a work injury? Yes No
If yes, have you started a claim? Yes No
Claim number _____

AUTO ACCIDENT

Are you here as a result of an auto accident? Yes No
If yes, have you started a claim? Yes No
Claim Number _____

PRIMARY INSURANCE

Name of your primary insurance company _____

Policy Holder's Name _____
Policy Holder's Date of Birth _____

SECONDARY INSURANCE

Name of your secondary insurance company _____

Policy Holder's Name _____
Policy Holder's Date of Birth _____

Patient Signature

CA

FOR OFFICE USE ONLY

Deductible \$ _____	Met \$ _____
Cal year plan year _____	4 th quarter carry over yes no
Spinal manipulation yes no at _____%	Copay \$ _____ per visit yes no
Max # of visits _____	Cal year plan year _____ met _____
Dollar amount max \$ _____	Cal year plan year _____ met _____
Per visit max \$ _____	
X-Rays covered yes no _____	Sub to ded yes no _____ limitations _____
Modalities covered yes no _____	limitations _____
98943 covered yes no	limitations _____
97124 covered yes no	limitations _____
L3030 covered yes no	limitations _____
** _____	

