Total Health Center – Dr. Julia Ciano D.C.

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New Patient Intake Form

The purpose of the health profile is not to establish a diagnosis, but rather to determine a client's health status.

Contact Information (Please print) Today's Date_____

Last Name: _____ First Name: _____

Address: _____ Apt/Unit: # _____

City: _____ State: _____ _____ Zip/Postal Code: _____

Phone: _____ Cell: _____ Email: _____@_____

Date of Birth: _____/_____/_____/Age: _____ Profession: _____ _____

Name of Employer _____ Work Phone_____

How did you hear about us?

_____

Reason for Appointment

Please explain why you are here today and if this appointment the result of an accident or injury?

Yes σ No σ If Yes do you have any reports, x-rays or insurance information with you? σ Yes σ No if no explain_____

_____

Have you previously seen a Doctor or Chiropractor for your condition σ Yes σ No If Yes explain

_____ _____

_____

Health Information – Do you have any of the following?

Diabetes, Cardiovascular condition, Kidney problems, Liver problems, Colon problems, Digestive problems, Ovarian/Breast Function problems, are you Pregnant or Brest feeding, Endocrine problems,

Neurological/Emotional problems, Inflammatory Conditions, Cancer, Allergies if yes explain_____

_____

Do you have any other health problems? σ Yes σ No If so, please specify:

_____

_____

Payment Information

We accept Cash, Check and Credit Card and payment is due at time of service. If you have insurance we will provide a bill so you can bill your insurance for reimbursement of any approved treatments. If you are part of a personal injury case we will have to confirm payment arrangements with your attorney prior to treatment . I confirm that the information that I have provided and that is recorded by me on this Health Profile is true, complete and accurate and that I have not withheld or otherwise omitted, whether in whole or in part, any information concerning my health status. I agree to full payment at time of service.

Patient's Name (print)_____Patient's Signature _____Date_____