Zachary Spine & Sports Rehabilitation
19850 Old Scenic Hwy., Suite 400
Zachary, LA 70791

www.zacharyspine.com
225-719-0985
Chiropractic, Sports, Functional Movement

PATIENT INFORMATION

TODAY'S DATE:

Patient's Last Name	First	M.I.	☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Single ☐Married ☐ Divorced ☐Separated ☐Widow			
Social Security No.	Home Phone No.	Cell Phone No.		Birth Date:	Age:	Sex: ☐ M ☐ F
Street Address	City	State	Zip Code	Email Address		
Occupation	Employer			Work Phone No.		

The best place to contact me is: ☐ Home ☐ Cell ☐ Work ☐ Email

Whom may we thank for referring you?
☐ Patient _____ ☐ Doctor _____ ☐ Internet Search

☐ Family/Friend _____ ☐ Other _____

IN CASE OF EMERGENCY

Name of local friend or Relative	Relationship to patient	Home Phone No.	Cell Phone No.

PAST FAMILY & SOCIAL HISTORY

How many times a week do you exercise?	☐ Never	☐ 1-2 x/week	☐ 3-4 x/week	☐ 5-7 x/week	
How many alcoholic beverages do you consume in a week?	☐ 0	☐ 1-2	☐ 3-4	☐ 5-7	☐ 7 or more
How many sodas, sweet tea, or other sweet drinks do you consume per week?	☐ 0	☐ 1-2	☐ 3-4	☐ 5-7	☐ 7 or more
How often do you use tobacco products?	☐ Never	☐ Daily	☐ Weekly	☐ Monthly	☐ Yearly

Indicate if anyone of your immediate family members suffer or have suffered from any of the following:
☐ Stroke ☐ Diabetes
☐ Heart Disease ☐ Cancer

List all prescriptions, over the counter and nutritional supplements you are currently taking?

Have you had past trauma such as car accidents, falls, sports injuries, etc.?

List all surgical procedures you have had?

Is there anything else you wish to let the doctor to know? ☐ Yes ☐ No

MARK ALL OF THE FOLLOWING CONDITIONS THAT YOU CURRENTLY HAVE:

CONSTITUTIONAL	**MUSCULOSKELETAL**	**NEUROLOGICAL**	**CARDIOVASCULAR**	**RESPIRATORY**
☐ FEVER	☐ BACK PAIN	☐ SUDDEN NUMBNESS	☐ HIGH BLOOD PRESSURE	☐ ASTHMA
☐ WEIGHT LOSS/GAIN	☐ HEADACHES	☐ SUDDEN HEADACHES	☐ HEART DISEASE	☐ COPD
☐ ALLERGIES	☐ EXTEMITY PAIN	☐ LOSS OF SENSATION	☐ ARTERIAL ANEURYSM	☐ COMMON COLD
☐ LOSS OF APPETITE	☐ BONE DEMINERALIZATION	☐ CONFUSION	☐ ANGINA	☐ EMPHYSEMA
☐ FATIGUE	☐ UNSTABLE FRACTURE	☐ DIZZINESS	☐ IRREGULAR HEART BEAT	☐ PNEUMONIA
☐ ANXIETY	☐ SPINAL INFECTION	☐ SLURRED SPEECH	☐ BLEEDING DISORDER	☐ CANCER
☐ OBESITY	☐ SPINAL BONE TUMORS	☐ LOSS OF BALANCE	☐ HEART ATTACK	☐ PNEUMOTHORAX
GENITOURINARY	**E, N, M, T**	**EYES**	**GASTROINTESTINAL**	**DISEASE HISTORY**
☐ KIDNEY INFECTION	☐ HEARING LOSS	☐ VISION TROUBLE	☐ DIARRHEA	☐ STROKE
☐ LOSS OF BLADDER CONTROL	☐ TINNITUS	☐ DROOPY EYELID	☐ BLOOD IN STOOL	☐ HEART ATTACK
☐ URINE COLOR CHANGE	☐ VERTIGO	☐ DOUBLE VISION	☐ ABDOMINAL PAIN	☐ DIABETES
☐ PAINFUL URINATION	☐ NOSE BLEEDS	☐ NIGHT BLINDNESS	☐ LIVER/GALL CONDITION	☐ CANCER
☐ URINE LEAKAGE	☐ DRY MOUTH	☐ GLAUCOMA	☐ NAUSEA/HEARTBURN	☐ HIV/AIDS
☐ URGENCY	☐ BLEEDING GUMS	☐ CATARACTS	☐ LOSS BOWEL CONTROL	
☐ BLOOD IN URINE	☐ CHANGE IN TASTE	☐ DISCHARGE	☐ PROSTRATE PROBLEM	

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LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE OF BIRTH	AGE	SEX

CHIEF COMPLAINT

WHAT IS THE REASON FOR YOUR VISIT?

WHEN DID THE CHIEF COMPLAINT BEGIN?

Are you here because you were injured at work, in a motor vehicle accident, or another accident? ☐ YES ☐ NO

Mark the severity of you chief complaint as it is **RIGHT NOW**

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10
No Symptoms	Slight Discomfort	Does not Affect Activity	Affects Personal Activities	Prevents Personal Activity	Limits my Work Schedule	Prevents all Working Activity	Prevents All Activity	Keeps me Bedridden	Causes Thoughts of Suicide

Mark the severity of you chief complaint as it is on **AVERAGE**

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10
No Symptoms	Slight Discomfort	Does not Affect Activity	Affects Personal Activities	Prevents Personal Activity	Limits my Work Schedule	Prevents all Working Activity	Prevents All Activity	Keeps me Bedridden	Causes Thoughts of Suicide

Mark the severity of you chief complaint as it is at its **BEST**

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10
No Symptoms	Slight Discomfort	Does not Affect Activity	Affects Personal Activities	Prevents Personal Activity	Limits my Work Schedule	Prevents all Working Activity	Prevents All Activity	Keeps me Bedridden	Causes Thoughts of Suicide

Mark the severity of you chief complaint as it is at its **WORSE**

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10
No Symptoms	Slight Discomfort	Does not Affect Activity	Affects Personal Activities	Prevents Personal Activity	Limits my Work Schedule	Prevents all Working Activity	Prevents All Activity	Keeps me Bedridden	Causes Thoughts of Suicide

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

Patient Name: _____ Patient Date of Birth: _____

I understand that, under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), I have certain rights of privacy regarding my protected health information. I understand that this information can and will be used to:

1. Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in my treatment directly and/or indirectly
2. Obtain payment from third-party payers
3. Conduct normal healthcare operations such as quality assessments and physicians certifications

I have received, read and understand your notice of privacy practices containing a more complete description of the uses and disclosures of my health information. I understand that the office of Zachary Spine & Sports Rehabilitation has the right to change its notice of privacy practices from time to time and that I may contact the office at any time to obtain a current copy of their Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to adhere to y requested restrictions, but you agree that you are bound to abide by such restrictions.

_____ _____

Patient Signature or Legal Guardian Date

Office Use Only

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement form, but was unable to do so as documented below.

_____ _____ _____

Date: Initials: Reason: