

NEW PATIENT REGISTRATION INFORMATION

Date: _____ AcuSport Practitioner: _____

Is today's visit because of a work injury? _____ Auto Accident? _____ Date of Injury: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph: _____ Alt Ph: _____

Date of Birth: _____ Social Security: _____

Employer: _____ Occupation: _____

Male: _____ Female: _____

Single: _____ Married: _____ Divorced: _____ Widowed: _____ Domestic Partner: _____

Spouse: _____ Phone: _____

RESPONSIBLE PARTY (Please complete if patient is under 18 years old)

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph: _____ Alt Ph: _____

Relationship to patient: _____

REFERRAL INFORMATION (Circle one and specify below)

Patient/Friend/Family Physician PCOM Web-site Yellow Pages Other

Name: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home Ph: _____ Alt Ph: _____

Signature: _____ Date : _____

MEDICAL HISTORY

Briefly explain your reason for your appointment today: _____

Have you seen any other health care providers for this condition? No Yes, please list: ____

Past serious illnesses, surgeries or hospitalizations? No Yes, please explain: _____

Are you currently being treated for any health concerns other than your reason for your visit ? ____

No Yes, please explain: _____

Please list all medications or supplements which you are taking: _____

If allergy treatment is NOT the reason for your visit, please list any allergies you have: _____

Do you use tobacco products? No Yes Frequency? _____

Do you drink alcoholic beverages? No Yes Frequency? _____

Please indicate if you have a past history (circle all that apply):

- | | | |
|----------------------------|------------------------|----------------------|
| Headaches | High blood pressure | Bleeding disorders |
| Heart problems | Lung problems | Hearing problems |
| Ulcers | Reproductive disorders | Psychiatric problems |
| Frequent infection/illness | Bad scarring | Street drugs |
| Thyroid problems | Circulatory problems | Emotional problems |

Comments: _____
