

*** Dr. Robert Boydston * New Patient Information Worksheet ***

Name: _____ SS#: _____ Age: _____

Address: _____ City: _____ State _____ Zip: _____

Home Phone: _____ Work Phone: _____ Birth Date: _____

Your email address: _____

(*The doctor will be using email to keep in touch with patients. We never rent or sell your email addresses, and it will always be kept private. Providing this information constitutes your permission for Dr. Boydston's Office to contact you regarding information via mail, email, fax, or phone)

Employed By: _____ Spouse Name: _____

Spouses Birth Date: _____ Spouse's SS#: _____

Primary Physician: _____ Physician Address: _____

Referred By: (Friend) (Relative) (Newspaper Ad) (Yellow Pages) (Sign) (Other: _____)

Which of our patient's should we thank for referring you? _____

Please circle your current symptoms:

(Headaches) (Neck Pain) (Neck Stiffness) (Allergies) (Shoulder/Arm Pain) (Upper-Back Pain)

(Mid-Back Pain) (Low-Back Pain) (Hip/Pelvis Pain) (Sinus Problems) (Asthma) (Stomach Pain)

(Chest Pain) (Numbness) (Arthritis) (Sciatica) (Stress) (Other: _____)

My symptoms are due to: (Auto Accident) (Work Accident) (Home Accident) (Gradual Onset)

List all surgeries in the last 5 years: _____

Have you ever had spinal surgery? (No) (Yes: _____)

Previous Chiropractor: _____ Were you satisfied? (No) (Yes)

*Females are you pregnant at this time? (No) (Yes) Due Date: _____

Office Policies: *If I am accepted as a patient at this Chiropractic Office I agree to pay for all services, including services not covered by my insurance company. Copayment's, deductibles, and fees for non-insurance patients are due at time of service.*

Consent To Treat: *I also understand that no cures are promised (or implied) and any risks regarding care at this office will be explained to me upon my request. I now authorize Dr. Boydston to proceed with any necessary treatment. I have read Dr. Boydston's office policies and consent to treat information and I agree with them by signing below:*

Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____