Personal History

Date:_____ **Social Security Number:**_____

Full Name:_____

Address:_____

City:_____ **State:** Alabama **Zip:**_____

Home Phone: ( )_____ - _____ **Cell Phone: ( )**_____ - _____

Birthdate: ____/____/____ **Age:**_____ **Sex:** ☐ **M** ☐ **F** **Email:**_____

Business/Employer:_____ **Type of Work:**_____

Check One: ☐ **Married** ☐ **Single** ☐ **Widowed** ☐ **Divorced** ☐ **Separated** **No. of Children**_____

Name of Emergency Contact:_____ **Phone No: ( )**_____ - _____

Referred to Mukwonago Family Chiropractic by:_____

Who is Responsible for Your Bill? ☐ **Self** ☐ **Spouse** ☐ **Worker's Comp.** ☐ **Medicaid** ☐ **Auto Insurance**

☐ **Personal Health Insurance** ☐ **Other:**_____

Current Health Condition

Purpose of this appointment:_____

_____

Doctors seen for this condition:_____

When did this condition begin?:_____

If disabled from work, please give dates: From:_____ To:_____ ☐ **Job Related** ☐ **Auto Related**

Drugs you are taking now: ☐ **Nerve Pills** ☐ **Pain Killer/Muscle Relaxers** ☐ **Insulin** ☐ **Blood Pressure Medication**

☐ **Other:**_____

Past Health History

Please Check or describe any Major Surgery/Operations: ☐ **Appendectomy** ☐ **Tonsillectomy** ☐ **Gall Bladder** ☐ **Hernia**

☐ **Broken Bones** ☐ **Other:**_____

Major Accidents or Falls:_____

_____

Hospitalizations (Other Than Above):_____

_____

Previous Chiropractic Care: ☐ **None** ☐ **Name & Date of Last Appointment:**_____

_____

Have you been treated for any health conditions in the last year: ☐ **No** ☐ **Yes** **If yes, please explain:**_____

_____

Below is a list of conditions which may seem unrelated to the purpose of your appointment. However, these questions must be answered carefully as these problems can affect your overall diagnosis, treatment plan and possibility of being accepted for care.

CHECK ANY OF THE FOLLOWING DISEASES YOU HAVE HAD:

- ☐ Appendicitis
- ☐ Diphtheria
- ☐ Pneumonia
- ☐ Polio
- ☐ Rheumatic Fever
- ☐ Scarlet Fever
- ☐ Thyroid Fever
- ☐ Malaria
- ☐ Tuberculosis
- ☐ Whooping Cough
- ☐ Anemia
- ☐ Measles
- ☐ Mumps
- ☐ Small Pox
- ☐ Chicken Pox
- ☐ Diabetes
- ☐ Cancer
- ☐ Heart Disease
- ☐ Goiter
- ☐ Influenza
- ☐ Pleurisy
- ☐ Alcoholism
- ☐ Venereal Disease
- ☐ Arthritis
- ☐ Epilepsy
- ☐ Mental Disorder
- ☐ Lumbago
- ☐ Eczema

CHECK ANY OF THE FOLLOWING YOU HAVE OR HAVE HAD IN THE PAST 6 MONTHS:

MUSCULO-SKELETAL CODE:
- ☐ Low back Pain
- ☐ Pain Between Shoulders
- ☐ Neck Pain
- ☐ Arm Pain
- ☐ Joint Pain/Stiffness
- ☐ Walking Problems
- ☐ Difficulty Chewing
- ☐ Gas/Bloating After Meals
- ☐ Heartburn
- ☐ Black/Bloody Stool
- ☐ Colitis

NERVOUS SYSTEM CODE:
- ☐ Numbness
- ☐ Paralysis
- ☐ Dizziness
- ☐ Forgetfulness
- ☐ Confusion/Depression
- ☐ Fainting
- ☐ Convulsions

EENT:
- ☐ Vision Problems
- ☐ Dental Problems
- ☐ Sore Throat
- ☐ Ear Aches
- ☐ Hearing Difficulties
- ☐ Stuffy Nose

C-V-R CODE:
- ☐ Chest Pain
- ☐ Shortness of Breath
- ☐ Blood Pressure Problems
- ☐ Irregular Heartbeat
- ☐ Heart Problem
- ☐ Lung Problems/Congestion
- ☐ Varicose Veins
- ☐ Ankle Swelling

GASTRO-INTESTINAL CODE:
- ☐ Poor/Excessive Appetite
- ☐ Excessive Thirst
- ☐ Frequent Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Constipation
- ☐ Hemorrhoids
- ☐ Liver Trouble
- ☐ Gall Bladder Problems
- ☐ Weight Trouble
- ☐ Abdominal Cramps

GENERAL CODE:
- ☐ Allergies
- ☐ Loss of Sleep
- ☐ Fever
- ☐ Headaches

GENITO-URINARY CODE:
- ☐ Bladder Trouble
- ☐ Painful Excessive Urination
- ☐ Discolored Urine

MALE/FEMALE CODE:
- ☐ Menstrual Irregularity
- ☐ Menstrual Cramping
- ☐ Vaginal Pain/Infections
- ☐ Breast Pain/Lumps
- ☐ Prostate/Sexual Dysfunction
- ☐ Genital Herpes

FEMALES ONLY:

When was your last Period?

_____/_____/_____

Are you pregnant?

☐ Yes ☐ No ☐ Maybe

DO NOT WRITE BELOW THIS LINE

Diagnosis: _____

_____

_____

Patient Accepted: ☐ Yes ☐ No **Doctors Signature:** _____

Mukwonago Family Chiropractic
225 Bay View Rd., Suite 400, Mukwonago, WI, 53149 Phone: (262) 363-7545 Fax: (262) 363-7543 www.mukwonagofamilychiro.com

Why Chiropractic? People go to Chiropractors for a variety of reasons. Some go for symptomatic relief or pain or discomfort (Relief Care). Others are interested in having the cause of the problem as well as the symptoms corrected and relieved (Corrective Care). Still others want whatever is malfunctioning in their bodies brought to its highest state of health possible with Chiropractic Care (Comprehensive Care). Dr. Vince Seiler will weigh your needs and desires when recommending your treatment program.

Please check the type of care desires so that we may be guided by your wishes whenever possible.

☐ **Relief Care** ☐ **Corrective Care** ☐ **Comprehensive Care** ☐ **Check here if you want Dr. Seiler to select the type of care appropriate for you condition.**

_____ _____

Date **Patient Signature**

The purpose of
our Chiropractic Clinic
is to Support each individual
in achieving their Optimum Health
and to
Educate them so that they may
understand Health and Chiropractic
and in turn, educate others.

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and me. Furthermore, I understand that Mukwonago Family Chiropractic will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid to Mukwonago Family Chiropractic will be credited to my account upon request. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be immediately due and payable.

Patient Signature:_____ **Date:**_____ **SS#:**_____

Guardian or Spouse
Signature of Authorizing Care:_____

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