

Date: _____



PATIENT INFORMATION

Name _____ DOB _____

Phone _____ Appointment Reminders Voice Text Email None

Address _____

Email _____ Sex M F

Employer _____

Emergency Contact _____ Relationship _____

Phone _____

REFERRING

Referring Physician _____ Primary Care _____

How did you hear about us? Friend/Family(include name below) Doctor

Other _____

ACCIDENT INFORMATION

Is this injury due to an accident? Y N

Type of accident Home Work Auto Other _____

Date of injury _____

REASON FOR VISIT

What are you being seen for? _____ When did your symptoms begin? _____

Is this condition getting worse? Y N

Rate the severity of your pain on a scale 1-2-3-4-5-6-7-8-9-10. At its worst _____

At its best _____ Currently _____

Type of pain (circle all that apply):

- | | | |
|-----------|----------|-------------|
| Aching | Numbness | Burning |
| Sharp | Cramps | Stiffness |
| Dull | Tingling | Swelling |
| Throbbing | Shooting | Other _____ |

How often do you have this pain? _____

Is it constant or intermittent? _____

Additional Notes:

Have you been diagnosed with (circle all that apply):

- | | | |
|---------------------|----------------------|--------------------|
| Osteoporosis | Circulatory Problems | Thyroid Problem |
| Cancer | Depression | Kidney Disease |
| Diabetes | Hearing Impairment | Vertigo |
| Arthritis | Seizures | High Cholesterol |
| High Blood Pressure | Visual Impairment | Contagious Disease |

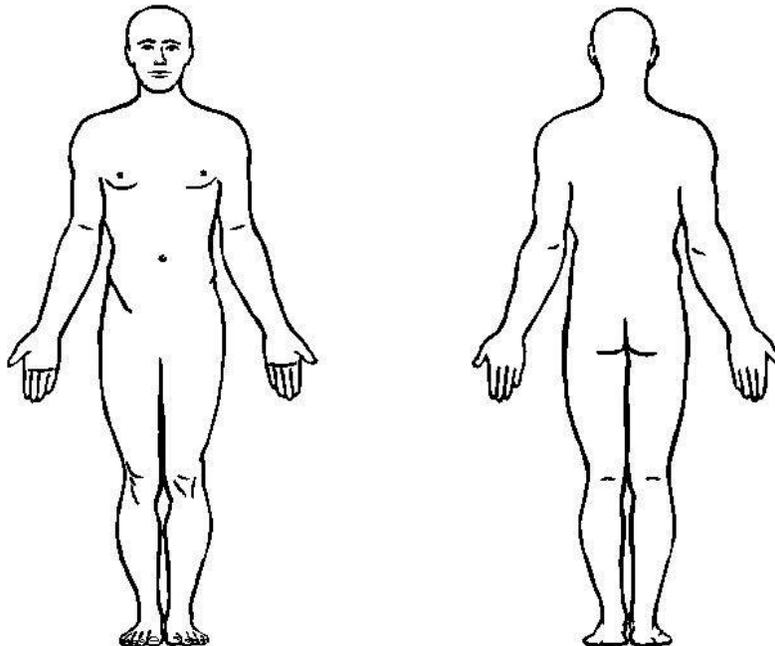
Do you have a Pacemaker? Y N

Please list any other injuries or diagnoses not listed above _____

Please list all past injuries and surgeries and associated dates (please have your primary care physician fax records to Ohana at 970-459-8404)

Are you currently taking over the counter medications, vitamins, or supplements: Y N
If yes, please provide the front desk with a comprehensive list.

Are you currently taking any prescribed medications? Y N
If yes, please provide the front desk with a comprehensive list or note below.



Please Indicate Where You Are Experiencing Symptoms

Additional Notes:

