

Patient Intake Form – Part II

Name: _____ Date: _____

Emergency Contact (name and phone number): _____

How did you hear about me? _____

Have you been to any other doctors for the problem you are currently experiencing? Yes No If yes, where have you been and what kind of treatment have you received?

Place and Type of Treatment	Date

Have x-rays, MRI's, or other diagnostic tests been done for this condition? Yes No If yes, what kind and where were they done?

Place and Type of Testing	Date

Do you feel that you are under a lot of stress (do you feel hurried, rushed, under pressure, or overwhelmed)?
 Yes No If yes, please describe:

How would you rate your current level of health? Excellent Good Fair Poor

On a scale of 1 to 10 (10 being ecstatic!!) rate your average level of joy. _____ Why did you give yourself this rating ?

Do you have any prior experience with chiropractic, massage, acupuncture, energy healing, or any other alternative therapies? Yes No If yes, please describe:

If you have health insurance and would like us to file it for you, please complete the Assignment and Release below:

I, the undersigned, certify that I, or my dependent, have insurance coverage with: _____
I assign directly to Dr. Gregory Vrona all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges allowed by my insurance company. If my insurance company does not pay for these allowed charges due to a deductible or copayment, I understand that these are my responsibility. I hereby authorize the doctor to release all information necessary to secure payment of benefits. I authorize the use of this signature on all insurance submissions.

Signature

Date