Patient Information

Well adjusted for life!

Date _________________

Name _____________________________________ I prefer to be called __________________

Address____

City ________________________________ State _____________ Zip _________________

E-mail address____

Home Phone ________________ Cell Phone _______________ Work Phone_______________

Birth Date _____________________ Age ______________

Employer/Occupation ____

Who can we thank for referring you to us____

Emergency Contact

Name _______________________________ Relationship _______________________

Home Phone ______________________ Cell or Work Phone ________________________

Insurance Information

Insurance Company __________________________ Phone ____________________

Do you have secondary insurance? __________________ Name ______________________

I herby authorize and request my insurance company to pay GLC/Dr. Steven Polenz the amount due on my claim for services rendered to me and/or my dependent. I hereby authorize the release of all information necessary to secure the payment of the benefits. I authorize the use of this signature on all insurance submissions. I authorize GLC/Dr. Steven Polenz and whomever he may designate as his assistants to administer care, as he deems necessary.

I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL COSTS OF CHIROPRACTIC CARE REGARDLESS OF THE INSURANCE COVERAGE.

We do not offer diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal evaluation, we encounter a non-chiropractic or unusual finding, we will inform you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area. We do not treat disease or offer advice regarding treatment prescribed by others. Our *objective* is to eliminate major interference so that the body can express its innate wisdom. Our *method* is specific adjusting to correct vertebral subluxations.

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction and I therefore accept chiropractic care on this basis.

Patient Signature ____

Parent/Guardian Signature ____

Health History

Name: ______________________________ ***Date:*** ______________

Primary complaint:______________________________

____

____

____

Secondary Complaint:______________________________

____

____

Other Complaints: ______________________________

____

____

____

Please list any complaints and/or injuries you have with the following areas:

Head: ______________________________

____

Eyes-Vision: ______________________________

____

Ears-Hearing: ______________________________

____

TMJ-Jaw: ______________________________

____

Neck: ______________________________

____

Upper Back: ______________________________

____

Shoulders: ______________________________

____

Arms: ______________________________

____

Elbows: ______________________________

____

Wrists: ______________________________

____

Hands: ______________________________

____

Middle Back: ____

____

Chest: ____

____

Lower Back: ____

____

Hips: ____

____

Legs: ____

____

Knees: ____

____

Ankles: ____

____

Feet and Toes: ____

____

Internal Organs (heart, stomach, etc.): ____

____

____

____

Past Traumas-Injuries: ____

____

____

____

There is nothing more important than your health and that you receive the highest quality care and get the best results possible. TO that end if you would answer all these questions it will help us better communicate what is going on with you and how we can best serve you.

Do you feel you are more; introverted or extroverted? (Please circle one)
Are you more; people oriented or task oriented? (Please circle one)

Please use each number **ONLY ONCE** and follow your first gut reaction to label the following, using 1 (the most like you) to 4 (the least like you)

Quick to anger	_____	**Example:**	__1__
Optimistic and trusting	_____		__3__
I don't tend to show my emotions	_____		__4__
I may experience fear; I respect rules and go by the book	_____		__2__

Using your gut reaction label the following using 1 through 4. Please use each number **ONLY ONCE**.

I feel the need to direct or challenge	_____	**Example:**	__1__
I feel the need to verbalize	_____		__3__
I feel the need to serve and accommodate others	_____		__4__
I feel the need to comply with the rules and procedures	_____		__2__