

Ventura Spine & Disc

Dr. Eric Prestin, D.C., Q.M.E.

1623 Goodyear Ave., Suite B · Ventura, CA 93003 · (805) 642-DISC (3472) · Fax (805) 658-9110

Patient Registration and History Questionnaire

Name: _____ Age: _____ Date of birth: _____ Date: _____
 LAST FIRST MIDDLE

Address: _____ Social Security #: _____ ... Male ... Female

City, State, Zip: _____ Marital Status: ... M ... S ... W ... D # of Children _____

Home Phone (_____) _____ Work Phone (_____) _____

Email: _____

Employer: _____ Spouse's Name: _____

Occupation: _____ Spouse's Employer: _____

In case of emergency, notify _____ Relationship: _____ Phone (_____) _____

Chief Complaint or Reason for Office Visit: _____

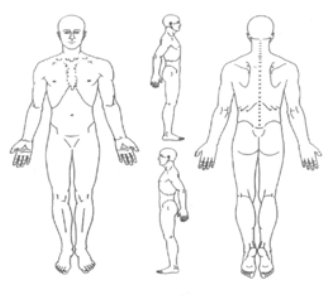
Specific Date and Time of Onset of Symptoms: _____

What makes your symptoms **better**? _____ What makes your symptoms **worse**? _____

What is the quality of your symptoms? (**ache, burn, dull, sharp, throbbing**): _____

Are your symptoms local or do they travel to another area? (If they travel, to where?) _____

Are symptoms; ...Constant >76% ...Frequent 51-75% ...Occasional 26-50% ...Intermittent <25% of your waking hours

<p>Please mark on the diagram to the right the following symbols as they relate to your symptoms:</p> <p>SS = spasms ST = stiffness DP = dull pain SP = sharp pain SH = shooting pain TI = tingling NU = numbness O = Other</p>		
--	---	--

Please list all medications and dosage: **Frequency** **For What Illness?**

List any allergies to medications, foods or other: _____

Are you pregnant? ... Yes ... No First day of last menstrual cycle: _____

Do you smoke? ... Yes ... No; How much? _____ Do you drink alcohol? ... Yes ... No; How much? _____

Ventura Spine & Disc

Dr. Eric Prestin, D.C., Q.M.E.

1623 Goodyear Ave., Suite B · Ventura, CA 93003 · (805) 642-DISC (3472) · Fax (805) 658-9110

Patient's Name: _____ Date: _____

Please list all serious illness and serious accidents:

Month and Year

City, State

Please list any recent x-rays, lab or other tests:

Date

Facility/Doctor

DO YOU HAVE A HISTORY OF ANY OF THE FOLLOWING DISEASES?:

Tuberculosis ... Yes / No	Lung Disease ... Yes / No	Gout... Yes / No	Diabetes... Yes / No
Kidney Disease ... Yes / No	Stomach/Ulcer ... Yes / No	Heart Disease ... Yes / No	Hepatitis... Yes / No
Sciatica ... Yes / No	Blood Pressure ... Yes / No	Transfusion ... Yes / No	Polio / MS... Yes / No
Colon Disease ... Yes / No	Stroke ... Yes / No	Cancer ... Yes / No	Bleeding... Yes / No
Paralysis ... Yes / No	Seizures ... Yes / No	Arthritis ... Yes / No	Asthma... Yes / No
Anemia ... Yes / No	Thyroid Disease ... Yes / No	Drug Dependence ... Yes / No	AIDS/HIV ... Yes / No

Any other condition(s) not listed above that the doctor should be made aware of:

YOUR GROUP HEALTH INSURANCE COMPANY: _____

Address: _____ Telephone: (_____) _____ Insured: _____

Date of Birth: _____ Policy #: _____ SS#: _____

Telephone: (_____) _____ Fax: (_____) _____

HIPAA Compliance

Dr. Eric Prestin, D.C. is required by law to maintain the HIPAA Notice of Privacy Practices. This notice explains our legal duties and privacy practices with respect to your protected health information. Signature below acknowledges that I have read this Notice of our Privacy Practices. A copy will be provided to me upon request.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____

Staff Initials: _____