RUGGIERO FAMILY CHIROPRACTIC
& REHABILITATION CENTER, LLC

935 MAIN STREET, SUITE B104, MANCHESTER, CT 06040
TEL: 860-643-2888 ruggierofamilychiro.com FAX: 860-643-2872

CONFIDENTAL PATIENT INFORMATION

This information is confidential. In order for us to understand your health problems properly, please complete this form.

Date: _____ Chart #: _____

Name: _____ Cell Phone#: _____

Address: _____ City/Zip:_____

Date of Birth: _____ Marital Status: S M W D # Children:_____

Email Address: _____

Occupation: _____ Employer: _____

Emergency Contact: _____ Phone #: _____

Please Circle Your Symptoms (Circle all that currently apply):

Neck Pain	Upper Back Pain	Middle Back Pain	Low Back Pain
Shoulder Pain	Elbow Pain	Wrist Pain	Arm/Hand Pain or Numbness
Rib Cage Pain	Hip Pain	Knee Pain	Thigh/Leg Pain or Numbness
Foot/Ankle Pain	Chest Pain	Groin Pain	Headaches/Head Pain

Other:_____

Doctors Consulted/Previous Treatment for this Condition:

Hospital/Dr. Name: _____ Date Admitted/Consulted: _____

Treatment: _____Helpful?_____

Present Family Doctor: _____Town: _____

FINANCIAL INFORMATION:

Health Insurance Company: _____ Policy #: _____
ID #: _____ Insured: _____

Attorney Name: _____ Phone #: _____
Address: _____ City, State, Zip: _____

HOW DID YOU HEAR ABOUT US?

_____

PAST MEDICAL HISTORY:

WHAT SURGERIES HAVE YOU HAD?
(Type/When/Doctor/Results)_____
_____
_____

LIST FORMER SERIOUS ACCIDENTS AND FALLS: (AUTO, WORK, HOME, LEISURE, SPORTS, OTHER)
(What/When/Symptoms/Treatment)_____
_____
_____

BROKEN BONES, DISLOCATIONS?
(When/How/Doctor/Results)_____
_____
_____

LIST MEDICATIONS AND/OR DIET SUPPLEMENTS YOU TAKE
(What/Frequency/Doctors/Side Effects/Remarks)_____
_____
_____

LIST ANY DISEASE OR ILLNESS WITH WHICH YOU HAVE BEEN DIAGNOSED
(Ex: Diabetes, Heart Disease, High Blood Pressure, Stroke, Asthma, Ulcers, Cancer, Arthritis, Depression)

_____
_____

WORK ACTIVITIES
Work Responsibilities – Lifting, bending, stooping, turning, twisting, carrying, walking, standing, sitting etc.

_____
_____

LEISURE ACTIVITIES
Sports and exercise type, frequency, length of time, etc. _____
_____
_____