935 MAIN STREET, SUITE B104, MANCHESTER, CT 06040
TEL: 860-643-2888 www.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 #: _______________________________

How Did You Hear About This Office? ____

Diagnosing/Referring Practitioner: ____

Please List the Main Health Problems You Would Like to Be Free of in Order of Importance:

1.____

2.____

3.____

How And When Did These Conditions Begin? ______________________________________

How Do They Impair Your Daily Activities? _______________________________________

Health Professionals Seen for Them:____

____

____

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. ____