ABOUT THE PATIENT

PROSPINE 7114 Shady Oak Road, Eden Prairie, MN 55344

Name ______________________________ Today's Date__________ Birthdate __________ Age_______

Address ______________________________ City ____________________ State _____ Zip __________

Home Phone ________________ Cell Phone ________________ Work Phone ________________ Gender ❑ M ❑ F

Significant Other's Name ________________________ Kid's Names and Ages ________________________

Your Employer ________________________ Type of Work ________________________

e-Mail Address ______________________________ Have you been to a chiropractor before? ◻ No ◻ Yes

Emergency Contact ______________________________ ph # ________________________

Name of Medical Doctor(s)____

- I authorize the doctor or his staff to render care as deemed appropriate for me and / or my child.
- I authorize the Robson Clinic staff to request records from other providers as may be necessary.
- I understand I am responsible for all bills incurred in this office.
- I authorize assignment of my insurance benefits (if applicable) directly to the provider.
- Person responsible for this account if other than the patient?________________________
- I understand that after any initial promotional services all care is rendered at usual and customary fees.
- For my balance my preferred payment method is: ❑ Cash ❑ Check ❑ Credit Card ❑ Car/Work Ins.

______________________________________ ____________________

Patient / Parent Signature Date

REASON FOR SEEKING CARE

PRESENT COMPLAINTS

1. ______________________________ How long has this been an issue? ________________
   Is it: ❑ Dull ❑ Sharp ❑ Ache ❑ Numb / Tingle ❑ Stabbing ❑ Constant ❑ Occasional ❑ Staying the same ❑ Getting worse
   ❑ Mild ❑ Moderate ❑ Severe ❑ Worse in the morning ❑ Worse in evening ❑ Pain radiates to________________
2. ______________________________ How long has this been an issue? ________________
   Is it: ❑ Dull ❑ Sharp ❑ Ache ❑ Numb / Tingle ❑ Stabbing ❑ Constant ❑ Occasional ❑ Staying the same ❑ Getting worse
   ❑ Mild ❑ Moderate ❑ Severe ❑ Worse in the morning ❑ Worse in evening ❑ Pain radiates to________________
3. ______________________________ How long has this been an issue? ________________
   Is it: ❑ Dull ❑ Sharp ❑ Ache ❑ Numb / Tingle ❑ Stabbing ❑ Constant ❑ Occasional ❑ Staying the same ❑ Getting worse
   ❑ Mild ❑ Moderate ❑ Severe ❑ Worse in the morning ❑ Worse in evening ❑ Pain radiates to________________
4. ______________________________ How long has this been an issue? ________________
   Is it: ❑ Dull ❑ Sharp ❑ Ache ❑ Numb / Tingle ❑ Stabbing ❑ Constant ❑ Occasional ❑ Staying the same ❑ Getting worse
   ❑ Mild ❑ Moderate ❑ Severe ❑ Worse in the morning ❑ Worse in evening ❑ Pain radiates to________________

5. Does your condition affect: ❑ Sleep ❑ Work ❑ Daily Routine ❑ Sitting ❑ Driving
   ____
6. What makes it better?______________________________
7. What makes it worse? ______________________________
8. What Doctor's have you seen for this?______________________________
   ____
9. Type of treatment:______________________________
10. Results: ______________________________

NOTES: ______________________________

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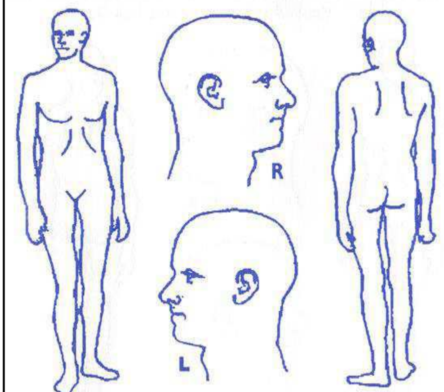
Are you pregnant?

❑ Yes ❑ No

Please mark All areas of concern.



GENERAL HEALTH HISTORY

PROSPINE 7114 Shady Oak Road, Eden Prairie, MN 55344

Patient Name ____________________ *Mark the conditions that apply to you.*

Past	Present	Condition
❑	❑	Headaches
❑	❑	Migraines
❑	❑	Shortness of Breath
❑	❑	Allergies / Asthma
❑	❑	Medication Side Effects
❑	❑	Diabetes
❑	❑	Hands or Feet cold
❑	❑	Muscle aches
❑	❑	Trouble Walking
❑	❑	Leg / Foot Numbness
❑	❑	Fainting
❑	❑	Gall Bladder Trouble
❑	❑	Ringing in Ears
❑	❑	Ear Problems
❑	❑	Sleeping Problems
❑	❑	Vision Problems
❑	❑	Thyroid Problems
❑	❑	Liver Disease
❑	❑	Kidney Problems
❑	❑	Light Bothers Eyes

Past	Present	Condition
❑	❑	Urinary Problems
❑	❑	Easy Bruising
❑	❑	Tobacco Use
❑	❑	Dental Problems
❑	❑	Fibromyalgia
❑	❑	Blood Thinner use
❑	❑	HIV Positive
❑	❑	Cancer
❑	❑	Depression
❑	❑	Alcohol Use
❑	❑	___High or ___Low Blood Pressure
❑	❑	Stroke History
❑	❑	High Cholesterol
❑	❑	TMJ
❑	❑	Digestive Problems
❑	❑	Pain all Over
❑	❑	Tension / Irritability
❑	❑	Chest Pains
❑	❑	Heart Pacemaker
❑	❑	Heart Problems

❑ ❑ Other ____________________

1. List any medications you are taking: ____________________
2. Please list all doctors you are currently seeing: ____________________
3. Has any Doctor or other professional advised you to “Go to a Chiropractor “: ❑ No ❑ Yes, Name ____________________

PAST HISTORY

4. List any past auto collisions: ____________________ Was any care received? __________
5. List any past work injuries: ____________________ Was any care received? __________
6. List any past sport, recreational, or home injuries ____________________
7. Please describe any past conditions and treatment received: ____________________
8. Please list any past hospitalizations and surgeries: ____________________

FAMILY HISTORY

Father's side: ◻ Heart Disease ◻ Cancer ◻ Diabetes ◻ Heavy Medication use ◻ Arthritis ◻ Other __________

Mother's side: ◻ Heart Disease ◻ Cancer ◻ Diabetes ◻ Heavy Medication use ◻ Arthritis ◻ Other __________

Is there any other family history you want us to know? ____________________

Paying for your care is easy here!

Mark and initial which one is you:

No Insurance:

- Easy! Our Care Plans and simple payment arrangements have helped thousands of people and will work great for you too!
- **The fee for Dr. Robson to perform a complete examination including any required X-rays is $230 and is due today.**

***Initial*_____**

Health Insurance:

- With the new Government regulations, expect your insurance company to pay nothing for natural drugless care to get you healthy.
- You pay us. We do no billing to health insurance companies.
- Of course you can use your HSA, HRA and Flex dollars here!
- **The fee for Dr. Robson to perform a complete examination including any required X-rays is $230 and is due today.**

***Initial*_____**

Auto Injury

- Auto related injuries are covered 100% in Minnesota. Even if you were at fault or were a passenger. You can get the care you need and it costs you nothing. Great for you!
- All we need is your claim number and insurance information.

***Initial*_____**

Work Injury

- Work injuries are covered 100% for up to 12 weeks of care.
- All we need is your claim number and Work Comp ins. info.

***Initial*_____**

Medicare

- Regardless of your condition, Medicare pays for up to a maximum of 12 weeks of care. They have very strict rules and limitations.
- **The fee for Dr. Robson to perform a complete examination including any required X-rays is $230 and is due today.** This is not covered by Medicare.
- Medicare supplements normally don't pay anything.

***Initial*_____**