Fuhr Chiropractic Clinic, P.A.
3714 E. Indian School Road
Phoenix, Arizona 85018 (602) 224-0004
Eric Petermann, D.C.

General Inforamtion (Please Print) Date: _____

Name: _____ Soc. Sec.: _____

Address _____ City: _____ State: _____ Zip Code: _____

Home / Cell Phone: _____ Work: _____ D.O.B.: _____

Marital Status: M S W D Occupation: _____ Age: _____

Referred By: _____ Email: _____

Present Health

Describe your current problem: _____

How long have you had this problem? _____ How did this happen? _____

What is the level of pain on a scale of 0-10 (Minimal 0 to Severe 10)? _____

Is this problem getting: ☐ Worse ☐ Better or ☐ Stabalized? _____

Has this problem happened before? ☐ No ☐ Yes If Yes, how long ago? _____

Does this problem interfere with your ☐ Work ☐ Activites or daily living or ☐ Sleep?

Past Health

Have you been treated by other doctors for this condition? ☐ Yes ☐ No If Yes, type of doctor and treatment: _____

Have you ever received previous chiropractic care? ☐ Yes ☐ No If Yes, explain: _____

List any operations, unusual diseases, serious illness or accidents you have had (dates): _____

List any drugs or medications you are currently using (prescribed and over the counter): _____

Have you been treated for any health condition in the last year? ☐ Yes ☐ No If Yes, Describe: _____

Emergency Information

Name of Spouse / Relative: _____

Spouse's employer: _____ Cell / Business Phone: _____

Nearest relative and address: _____

List of any major family medical history problems: _____

For radiographic concerns, are you pregnant? ☐ Yes ☐ No

Payment Information

Name of party responsible for payment: _____

Method of payment: ☐ medicare ☐ insurance ☐ clinic fee ☐ work ☐ personal injury ☐ other

Insurance Company: _____ ID Number: _____

I understand an agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. This chiropractic office will prepare the necessary forms and assist me in making collections to be paid directly to this office and credited to my account on receipt. I also give power of attorney to endorse checks made to me, to be credited to my account. Fees and payable at the time of services rendered unless prior arrangements are made. I further agree to appy all collection costs, attorney fees and other collection costs that may be incurred to enforce collection of any amounts outstanding.

I hereby give permission of treatment:

Signature of applicant/guardian: _____ Date: _____