



5412 DIJON DRIVE  
BATON ROUGE, LA 70808  
PHONE: 225-615-8693 FAX: 888-544-6008

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

VOCATION:  Employed  Full Time or  Part Time  
 Unemployed  
 Homemaker  
 On Disability  
 Retired  
 Student  Full Time or  Part Time  
 Pediatric

MARITAL STATUS:  MARRIED,  SINGLE,  WIDOWED,  DIVORCED,  OTHER

GENDER:  MALE  FEMALE

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE # \_\_\_\_\_

REFERRING PHYSICIAN/OFFICE: \_\_\_\_\_

PHONE # \_\_\_\_\_

PRIMARY PHYSICIAN/OFFICE: \_\_\_\_\_

PHONE # \_\_\_\_\_

PLEASE CHECK ALL THAT APPLY:

- HEART PROBLEMS
- HYPERTENSION
- VASCULAR DISEASE
- STROKE
- DIABETES
- KIDNEY DISEASE
- OSTEOPOROSIS
- RHEUMATOID ARTHRITIS
- OBESITY
- OSTEOARTHRITIS
- PULMONARY DISEASE
- VISION PROBLEMS

- PARKINSON DISEASE
- ALZHEIMER DISEASE
- ALCOHOLISM
- PACEMAKER/DEFIBRILLATOR
- SEIZURE DISORDER
- HEARING LOSS
- CURRENTLY PREGNANT
- MRSA
- HIV
- Hepatitis A or B
- Hepatitis C
- Other: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

CURRENT PAIN LEVEL: NO PAIN \_\_\_\_\_ MODERATE PAIN

WORST PAIN

8      9      10      0      1      2      3      4      5      6      7

PLEASE LIST ANY KNOWN ALLERGIES: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_ RIGHT LEFT BILATERAL SPINAL CERVICAL

BRIEFLY DESCRIBE WHY YOU HAVE COME TO SEE US TODAY: \_\_\_\_\_

HAVE YOU RECEIVED A SIMILAR ITEM/SERVICE WITHIN THE PAST YEAR? YES NO

• If YES, LIST ITEMS AND DATE: \_\_\_\_\_

IS YOUR CONDITION THE RESULT OF AN ACCIDENT? YES NO; DATE OF INJURY: \_\_\_\_\_

TYPE OF ACCIDENT: AUTO WORK OTHER \_\_\_\_\_

WORKER'S COMPENSATION? YES NO

CASE MANAGER NAME & PHONE# \_\_\_\_\_

EMPLOYER NAME & PHONE # \_\_\_\_\_