# Eastside Chiropractic, P.C.

# 1011 Woodridge Lane, Building 301

## Watkinsville, Georgia 30677

## Dr. Bryan Hooper

### **Patient Information**

not hesitate to ask for assistance. (Please Print) Name	Date	Date	
	City		Zip
Sex: Female Male Date of Birth Email			
Home ()Cell ()	Cell phone carrier:		_
Preferred # to receive calls/reminders: Home	Cell		
Patient Employer/School	Occupation		
Employer/School Adress	City	State	Zip
Spouse or Parents Name	Employer	Work P	hone
Whom may we thank for referring you to us:			
Person to contact in case of emergency:	Relationship to Patient:	Phone: (	)
Responsible Party			
Name of person responsible for this account			
Relationship to patient:	Pho	one ()	
Address	City	State	Zip
Name of Employer		hone ()	
Insurance Information (Please present your	card to office staff)		
Name of Insured:	Relation	nship to patient:	
Insurance Co	PhoneN	Member ID#	
Insurance Co Address			
Symptoms			
Reason for visit:			
When did you first notice the symptoms?			
Is this condition getting progressively worse?			
Where is the problem(s) located?			
Vhich activities are difficult to perform? Sitting  Other:	Standing Walking	Bending (	Lying Down
Type of Pain: Sharp Dull Surning Tingling	Throbbing Numbness	Aching	Shooting
Cramps Stiffness Swelling			
Rate the severity of your pain: (1 for mild pain or discomfo	ort, 10 for severe pain) 1 2 3	4 5 6 7	8 9 10
s the pain constant or does it come or go?			
Pain is relieved by:			
What treatment have you already received for your condition	on? Medication Surg	ery Dhysical	Therapy

What kind of other nutritional supplements do you take (if any)?  Do you smoke? Yes No How much per day?  How much alcohol do you consume on a weekly basis? How much coffee or caffeinated beverages do you consume daily?  Health History  Check only those conditions which apply  Aldos Goiter Parkinson's Disease Alcoholism Goiter Parkinson's Disease Alcoholism Goote Preumonia Alcoholism Goote Preumonia Annoraia Heart Disease Polico Anthritis Prostate Problems Anthritis Hernia Prostate Problems Anthritis Hernia Prostate Problems Bipolar Herpes Rheumatiof Arthritis Bibeding High Blood Rheumatic Fever Bisast Lump High Cholesterol Schizophrenia Bisnochilis Hypertension Stroke Bullmia Kidney Disease Surgeries Caracer Liver Disease Surgeries Cataracts Measiles Mental Health Tonsillitis Dependency Problems Chemical Mental Health Tonsillitis Dependency Problems Tuberculosis Chicken Pox Mellamphetamine Ulicers Wenner Heart Failure Migraine Ulipes Scelepophrenia Emptysema Multiple Scierosis Other Ferriatures Date of last physical exam	What vitamins do you currently take?		
How much alcohol do you consume on a weekly basis? Health History Check only those conditions which apply AlDS AlDS Alergy shots Anemia Anemia Anemia Anemia Asthma Herniated Disc Bleeding Bleeding Bleeding Bronchitis Bronchitis Bronchitis Bullmia Caneer Caneer Cataracts Cheneida Dependency Problems Problems Problems Prosthesis Stroke Suicide Attempt Congestive Heart Failure Head Alergy Boyson Blacetra Bleeding Bleeding Bleeding Bleeding Blood Bronchitis Bronch		do you take (if any)?	
Health History  Check only those conditions which apply    AIDS	Do you smoke? Yes No Ho	v much per day?	
Check only those conditions which apply  AIDS Goiter  Alcoholism Goiter  Alcoholism Gooter  Alcoholism Gooter  Allergy shots Gonorrhea  Anemia Gout  Anorexia Heart Disease  Appendicitis Hepatitis  Arthritis Hernia  Ashtma Herniated Disc  Bipolar Herpes Rheumatoid Arthritis  Bleeding High Blood Rheumatic Fever  Breast Lump High Cholesterol Schizophrenia  Bronchitis Hypertension Stroke  Bulimia Kidney Disease Surgeries  Cataracts Measiles  Chemical Mental Health Tonsillitis  Dependency Problems  Chicken Pox Methamphetamine Trumors, Growth  Congestive Heart Failure Migraine Multiple Sclerosis  Diabetes Mononucleosis Mononucleosis Whooping Cough  Directures  Date of last physical exam  Nomen Only: Are you pregnant? Yes No Nursing? Yes No Taking Birth Control Pills? Yes			
Check only those conditions which apply  AIDS Golter Parkinson's Disease  Alcoholism Golter Parkinson's Disease  Allergy shots Gonorrhea Pinched Nerve  Anemia Gout Pneumonia  Anorexia Heart Disease Polio  Appendicitis Hepatitis Prosthesis  Arthritis Hernia Prosthesis  Bipolar Herriated Disc Psychiatric Care  Bipolar Herpes Rheumatoid Arthritis  Bleeding High Blood Rheumatic Fever  Breast Lump High Cholesterol Schizophrenia  Bronchitis Hypertension Stroke  Bulimia Kidney Disease Suicide Attempt  Cancer Liver Disease Surgeries  Cataracts Measles  Chemical Mental Health Tonsillitis  Dependency Problems Tuberculosis  Chicken Pox Methamphetamine Trumors, Growth  Congestive Heart Failure Migraine Wingraine Multiple Sclerosis  Emphysema Multiple Sclerosis  Epilepsy Mumps  Osteoporosis  Date of last physical exam  Women Only: Are you pregnant? Yes No Nursing? Yes No Taking Birth Control Pills? Yes	Health History		
Allergy shots   Gonorrhea   Parkinson's Disease   Allergy shots   Gonorrhea   Pinched Nerve   Anemia   Gout   Pneumonia   Anorexia   Heart Disease   Polio   Appendicitis   Hepatitis   Prostate Problems   Arthritis   Hernia   Prosthesis   Asthma   Herniated Disc   Psychiatric Care   Bipolar   Herpes   Rheumaticid Arthritis   Bleeding   High Blood   Rheumatic Fever   Breast Lump   High Cholesterol   Schizophrenia   Bronchitis   Hypertension   Stroke   Bulmia   Kidney Disease   Suicide Attempt   Cancer   Liver Disease   Surgeries   Cataracts   Measles   Thyroid Problems   Chemical   Mental Health   Tonsillitis   Dependency   Problems   Tuberculosis   Chicken Pox   Methamphetamine   Tumors, Growth   Congestive   User Exposure   Typhoid Fever   Heart Failure   Migraine   Ulcers   COPD   Headaches   Vaginal Infections   Depression   Miscarriage   Venereal Disease   Diabetes   Mononucleosis   Mhonoping Cough   Emphysema   Multiple Sclerosis   Other   Epilepsy   Mumps   Fractures   Osteoporosis   Dotere of last physical exam   Dotere of last physical exam   Dote of last physical e			
Allergy shots	AIDS	Glaucoma	Pacemaker
Anorexia	Alcoholism	Goiter	Parkinson's Disease
Anorexia	Allergy shots	Gonorrhea	Pinched Nerve
Appendicitis	Anemia	Gout	Pneumonia
Arthritis	Anorexia	Heart Disease	Polio
Asthma	Appendicitis	Hepatitis	Prostate Problems
Bipolar	Arthritis	Hernia	Prosthesis
Bleeding Disorders Pressure Scarlet Fever Breast Lump High Cholesterol Stroke Bulimia Kidney Disease Cataracts Measles Chemical Dependency Chicken Pox Methamphetamine Congestive Heart Failure Migraine Depension Miscarriage Diabetes Diabetes Mononucleosis Mental Posteoporosis Miscarriage Multiple Sclerosis Miscarriage Mumps Fractures Date of last physical exam Women Only: Are you pregnant? Mersigne Migro Scarlet Fever Scarlet Scarl	Asthma	Herniated Disc	Psychiatric Care
Disorders Pressure Scarlet Fever  Breast Lump High Cholesterol Schizophrenia  Bronchitis Hypertension Stroke  Bulimia Kidney Disease Suicide Attempt  Cancer Liver Disease Surgeries  Cataracts Measles Thyroid Problems  Chemical Mental Health Tonsillitis  Dependency Problems Tuberculosis  Chicken Pox Methamphetamine Tumors, Growth  Congestive Use/Exposure Typhoid Fever  Heart Failure Migraine Ulcers  COPD Headaches Vaginal Infections  Depression Miscarriage Venereal Disease  Diabetes Mononucleosis Mhoping Cough  Emphysema Multiple Sclerosis Other  Epilepsy Mumps  Fractures Osteoporosis  Date of last physical exam  Vomen Only: Are you pregnant? Yes No Nursing? Yes No Taking Birth Control Pills? Yes	Bipolar	Herpes	Rheumatoid Arthritis
Breast Lump	Bleeding	High Blood	Rheumatic Fever
Bronchitis	Disorders	Pressure	Scarlet Fever
Bulimia	Breast Lump	High Cholesterol	Schizophrenia
Cancer Cataracts Measles Chemical Dependency Problems Chicken Pox Methamphetamine Congestive Heart Failure Mograine Deperession Diabetes Diabetes Diabetes Diabetes Diate of last physical exam Women Only: Are you pregnant?  Methamphetamine Liver Disease Methamphetalth Tonsillitis Tonsillitis Tonsillitis Tonsillitis Tonsillitis Tonsillitis Tonsillitis Tonsillitis Tourors, Growth Utlers Tumors, Growth Utlers Wagnal Infections Vaginal Infections Whooping Cough Whooping Cough Other  Other  Other  No Taking Birth Control Pills? Yes	Bronchitis	Hypertension	Stroke
Cataracts	Bulimia	Kidney Disease	Suicide Attempt
Chemical	0	Liver Disease	
Dependency Problems Tuberculosis Chicken Pox Methamphetamine Tumors, Growth Congestive Use/Exposure Typhoid Fever Heart Failure Migraine Ulcers COPD Headaches Vaginal Infections Depression Miscarriage Venereal Disease Diabetes Mononucleosis Mhooping Cough Emphysema Multiple Sclerosis Other Epilepsy Mumps Fractures Osteoporosis  Date of last physical exam  Women Only: Are you pregnant? Yes No Nursing? Yes No Taking Birth Control Pills? Yes	Cataracts	Measles	Thyroid Problems
Chicken Pox	_	Mental Health	
Congestive Use/Exposure Typhoid Fever Heart Failure Migraine Ulcers  COPD Headaches Vaginal Infections  Depression Miscarriage Venereal Disease  Diabetes Mononucleosis Multiple Sclerosis  Emphysema Multiple Sclerosis  Epilepsy Mumps  Fractures Osteoporosis  Date of last physical exam  Vomen Only: Are you pregnant? Yes No Nursing? Yes No Taking Birth Control Pills? Yes			
Heart Failure			_
COPD Headaches Vaginal Infections  Depression Miscarriage Venereal Disease  Diabetes Mononucleosis Multiple Sclerosis  Emphysema Multiple Sclerosis  Epilepsy Mumps  Fractures Osteoporosis  Date of last physical exam  Vomen Only: Are you pregnant? Yes No Nursing? Yes No Taking Birth Control Pills? Yes	_ ·		<u> </u>
Depression  Diabetes  Mononucleosis  Multiple Sclerosis  Epilepsy  Fractures  Osteoporosis  Date of last physical exam  Venereal Disease  Whooping Cough  Other  Other  Taking Birth Control Pills?  Yes		<u> </u>	_
Diabetes	_COPD	Headaches	Vaginal Infections
Emphysema	Depression	Miscarriage	Venereal Disease
Epilepsy	Diabetes	Mononucleosis	Whooping Cough
Fractures Osteoporosis  Date of last physical exam  Vomen Only: Are you pregnant? Yes No Nursing? Yes No Taking Birth Control Pills? Yes	Emphysema	Multiple Sclerosis	Other
Date of last physical exam	Epilepsy	Mumps	
Vomen Only: Are you pregnant? Yes No Nursing? Yes No Taking Birth Control Pills? Yes	Fractures	Osteoporosis	
	Date of last physical exam		
List any types of surgeries which you have had and the dates which they occurred:			No

<u>Certification and Assignment</u>	
To the best of my knowledge, the above information is complete and correct. I understand that it is my responsibility to ir if I, or my minor child, ever have a change in health.	nform my doctor
I certify that I, and/or my dependent(s), have insurance coverage with	_ and assign
directly to Dr. Bryan Hooper, Eastside Chiropractic, all insurance benefits, if any, otherwise payable to me for services rendered. that I am financially responsible for all charges not paid by insurance.	I understand
Signature of Patient, Parent, Guardian, or Personal Representative Date	

Date

Please print name of Patient, Parent, Guardian or Personal Representative