

Welcome!



The Pain Relief Center
163 Amherst Street
Nashua, NH 03064
603-886-4500
Nashuachiropractor.com

Welcome to our office. Please, take your time filling out this paperwork, ask any questions you may have, and do not fill out anything you do not know on this form. Thank you.

PATIENT INFORMATION

Date _____
SS# _____
Patient Name _____
First _____ Mid. Initial _____
Last _____
Address _____
City _____
State _____ Zip _____
Sex: Male Female Age _____
Birthdate _____
 Married Divorced Single Separated
 Widowed Partnered for _____ years
Occupation _____
Employer/School _____
Whom May we thank for referring you?

PHONE NUMBERS

Home Phone _____
Cell Phone _____
Work Phone _____
Best phone to reach you at: H C W
Emergency Contact _____
Emergency Contact phone _____
Relationship _____

ACCIDENT INFORMATION

Is this condition due to an accident? Y N
Date of Accident _____
Type of Accident: Auto Work Other

INSURANCE

Subscriber's Name _____
Birthdate _____
Relationship to Patient _____
Secondary Insurance _____

ASSIGNMENT AND RELEASE

I certify that I, and/or my dependent(s), have insurance coverage with _____ and assign directly to Dr. Stephen Dohoney all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

The above-named doctor may use my health care information and may disclose such information to the above-named Insurance Company and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

Signature of Patient, Parent, Guardian

Printed Name

Date

Relationship to Patient

PATIENT CONDITION

Reason for Visit _____
When did your symptoms appear? _____
Pain scale 1-10, with 10 being the worst pain _____
Is this condition getting progressively worse? Y N
Is this pain constant or does it come and go?
How often do you have this pain?
Does it interfere with your:
 Work Sleep Daily Routine Recreation
Activities that are painful to perform:
 Sitting Standing Walking Turning
 Bending Lying Down All of the above