HUGHES CHIROPRACTIC HEALTH CENTER
Established 1948

1202 East Main Street
Auburn, Washington 98002
(253) 833-0860

CONFIDENTIAL PATIENT INFORMATION

CASE #	DATE OF INITIAL VISIT

YOUR CONTACT INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME		
PHONE	E-MAIL			
ADDRESS	CITY		STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER			
MARITAL STATUS	SEX ☐ M ☐ F	CHILDREN		
OCCUPATION	EMPLOYER	PHONE		
SPOUSE	EMPLOYER	PHONE		
REFERRED TO THIS OFFICE BY ☐ FRIEND NAME:	☐ YELLOW PAGES	☐ WEBSITE	☐ OTHER	

PREVIOUS HEALTH HISTORY

PREVIOUS CHIROPRACTIC CARE ☐ YES ☐ NO	IF YES, BY WHOM / LOCATION	WHEN (RANGE)
REASON(S) FOR PREVIOUS CHIROPRACTIC CARE		
LIST ANY SERIOUS PAST ILLNESSES		
LIST ANY PAST ACCIDENTS OR INJURIES		
LIST ANY PAST MEDICATIONS		
LIST ANY PAST SURGERIES		
LIST ANY PAST FRACTURES		

CURRENT HEALTH STATUS

GENERAL HEALTH	PREGNANT ☐ YES ☐ NO
PRESENT MEDICAL CARE	

RECENT X-RAYS ☐ YES ☐ NO	AREA(S) X-RAYED	WHEN

CURRENT HEALTH STATUS (CONTINUED)

CURRENT MEDICATIONS

REASON(S) FOR THIS CONSULTATION

AUTO OR WORK-RELATED INJURIES ONLY

DATE OF ACCIDENT (MM/DD/YYYY)	TIME OF ACCIDENT (AM/PM)	HOW DID ACCIDENT OCCUR ☐ AUTO COLLISION ☐ ON THE JOB INJURY

LOCATION ACCIDENT OCCURRED

DESCRIBE CIRCUMSTANCES OF ACCIDENT/INJURY

DESCRIBE INJURIES

DID YOU REQUIRE HOSPITALIZATION ☐ YES ☐ NO	INSURANCE COMPANY INVOLVED
DID YOU SEE OTHER DOCTORS FOR THIS INJURY ☐ YES ☐ NO	IF YES, WHAT TYPE OF CARE

ACKNOWLEDGEMENT

PAYMENT IS EXPECTED AT THE TIME OF EACH OFFICE VISIT, UNLESS OTHER SPECIFIC ARRANGEMENTS HAVE BEEN MADE IN ADVANCE.

I UNDERSTAND THAT HUGHES CHIROPRACTIC HEALTH CENTER WILL PREPARE INSURANCE FORMS, HOWEVER, THERE IS NO GUARANTEE OF PAYMENT BY INSURANCE COMPANIES.

WHO IS RESPONSIBLE FOR PAYMENT

SIGNATURE	DATE