

DR TAMI HERMAN
17 BARCLAY STREET
BLDG B, SUITE B3
NEWTOWN, PA 18940
215-598-9789

DATE: _____

WELCOME

NAME _____ SOCIAL SEC # _____

ADDRESS _____ HOME PHONE # _____

_____ WORK PHONE # _____

_____ CELL # _____

DATE OF BIRTH _____ EMAIL _____

MARITAL STATUS M S D W # CHILDREN _____

EMPLOYER'S NAME _____ OCCUPATION _____

EMPLOYER'S ADDRESS _____

HOW DID YOU HEAR ABOUT DR TAMI _____

NAME OF PRIMARY CARE PHYSICIAN _____

ADDRESS OF PCP _____

PHONE OF PCP _____

(((((((.....)))

HEALTH INFORMATION:

HAVE YOU HAD PRIOR CHIROPRACTIC CARE? YES NO

IF SO, FOR HOW LONG? _____

WHAT IS YOUR MAJOR/MAIN COMPLAINT?

HOW LONG AGO DID THIS OCCUR? _____

DO YOU HAVE RADIATING SYMPTOMS DOWN YOUR LEGS &/OR ARMS?

DO YOU HAVE ANY LOSS OF BOWEL OR BLADDER FUNCTION?

HAVE YOU HAD SIMILAR CONDITIONS IN THE PAST? _____

WHY DO YOU THINK THIS HAS OCCURRED ? _____

WHAT ACTIVITIES, IF ANY, AGGRAVATE CONDITION? _____

IS THIS CONDITION GETTING PROGRESSIVELY WORSE? YES NO

IS THIS CONDITION CONSTANT OR COMES & GOES

IS THIS CONDITION INTERFERING WITH YOUR

SLEEP WORK DAILY ROUTINE OTHER _____

ANY OTHER COMPLAINTS? _____

(IF FEMALE) ARE YOU PREGNANT? IF SO, FOR HOW LONG? _____

(IF MALE) HAVE YOU HAD A PSA DONE WITHIN THE PAST YEAR? _____

LIST ALL MEDICATIONS YOU ARE TAKING _____

FOR WHAT REASON ARE YOU TAKING THEM? _____

LIST ALL MEDICATION ALLERGIES _____

DO YOU HAVE ANY SKIN ALLERGIES OR SENSITIVITIES? _____

LIST ALL SURGERIES YOU HAVE HAD AND DATES _____

HEALTH INSURANCE INFORMATION

HEALTH INSURANCE Co/PLAN _____

ADDRESS _____ PHONE # _____

ID # _____ GROUP # _____

PATIENT'S RELATIONSHIP TO POLICY HOLDER (CIRCLE)

SELF SPOUSE DEPENDENT

PLEASE PRESENT THIS OFFICE WITH YOUR HEALTH INSURANCE CARD AND DRIVERS LICENSE. IF THIS IS AN INJURY FROM AN AUTO ACCIDENT, ALSO PRESENT YOUR AUTO INSURANCE CARD.

I HERE BY AUTHORIZE THE INSURANCE COMPANY TO PAY DIRECTLY TO DR. TAMI HERMAN FOR MEDICAL SERVICES RENDERED. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY AMOUNT DENIED OR PARTIALLY PAID BY THE THIRD PARTY PAYOR.

PATIENT SIGNATURE _____ DATE _____