COASTSIDE HEALING ARTS: PATIENT CONFIDENTIAL INFORMATION

1. Name ______________________________
   First Middle Last
2. Address ______________________________
   Street City State Zip
3. Home Phone ____________ 4. Business Phone ____________
5. Fax ____________ 6. Email ____________
7. Age ________ 8. Date of Birth ________ 9. Sex ________ 10. Marital: M S D W
11. Social Security No ____________ 12. Driver's License No ____________
13. Occupation ____________ 14. Employer ____________

Employer's Address ______________________________
Street City St . Zip

CASE HISTORY

15. Chief Complaint ______________________________
16. Complaint result of: ☐ Auto Accident ☐ Injury ☐ Job Related ☐ Other
17. Date of accident/Injury/Other ____/____/____
18. Have you seen any other doctor about this condition? ________ If yes, when? ________

Doctor's Name ____________ Address ____________

19. Have you had recent X-Rays? ________ If yes, when? ________ Area X-Rayed ________
20. Spouse's name ____________ ____________ Occupation ____________

Employer ____________ Address ____________ Phone ____________

21. Nearest relative not living with you ______________________________

Address ______________________________ Phone ____________
Street City State Zip

22. In case of emergency, call
    Name Street City Phone

FOR FEMALES: Are you pregnant? ________ IF YES, HOW LONG? ________

FOR MINORS: List both parents' names and addresses

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SUPER BILL INSURANCE INFORMATION

Do you have a personal, group health or accident insurance? ________ If yes, give: ________

Company Name ____________ Address ____________
Subscriber Name ____________ Group Number ____________

I have read the above information and certify it to be true and correct to the best of my knowledge and belief and hereby authorize this office to do whatever is necessary, in accordance with state statutes, for the care and management of this complaint.

DATED ____________ PATIENT'S SIGNATURE ______________________________
(parent's signature if patient is minor)

Referred by ______________________________