



WELCOME TO OUR PRACTICE! PLEASE HELP US SERVE YOU BETTER BY TAKING A FEW MINUTES TO PROVIDE THE FOLLOWING INFORMATION.

Name _____ Date of birth ____/____/____

Address _____

City _____ State _____ Zip Code _____

E-Mail _____ Phone Number _____

Primary Physician _____

Allergies or Medical Precautions _____

How did you hear about our practice? _____

EMERGENCY CONTACT DETAILS

Name _____ Relationship _____

Mobile # _____ Home # _____

INSURANCE INFORMATION

Insurance Company: _____

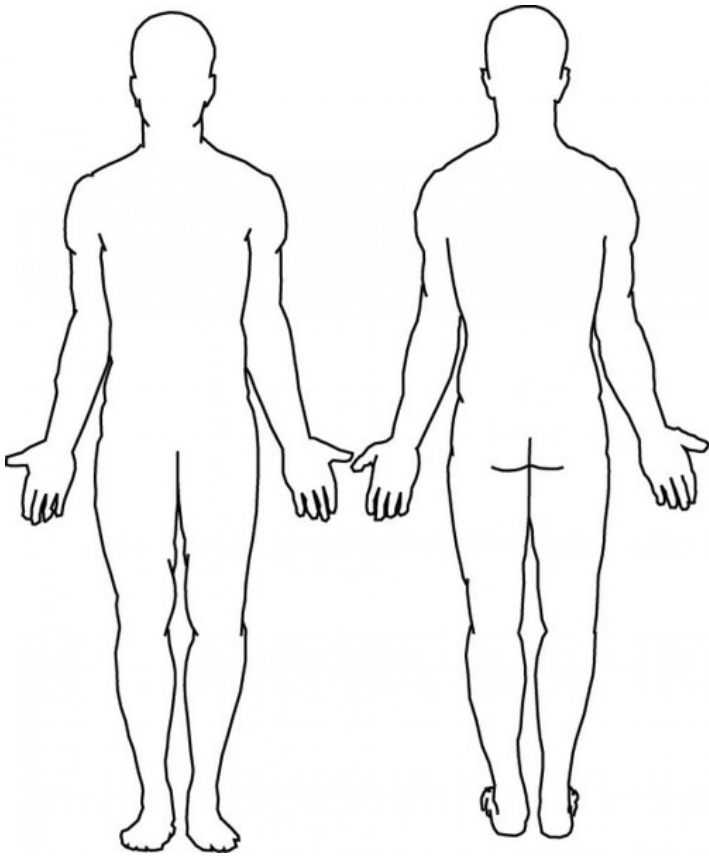
Policyholder's Name: _____ PH Date of Birth ____/____/____

PH address: _____

City, State, Zip _____

Member ID # _____ Group # _____

PLEASE SHADE IN THE AREAS WHERE YOU HAVE PAIN, DISCOMFORT OR TENSION.



1. What is the primary issue/problem?

2. When/how did this problem begin?

3. What makes pain/symptoms worse?

4. What makes pain/symptoms lessen?

RATE YOUR PAIN ON A SCALE (0-10)

0 1 2 3 4 5 6 7 8 9 10

SYMPTOMS ARE WORSE IN:

___ Morning ___ Afternoon ___ Evening ___ Inconsistent



Informed Consent

I understand Cultivate Wellness & Sports Rehab will maintain my privacy to the highest standards and may use or disclose my personal health information for the purposes of conducting treatment, obtaining payment, evaluating the quality of services provided and/or any administrative operations related to treatment or payment.

Photographs/videos taken during initial evaluation, progress evaluation and discharge summary will be used for postural comparison purposes and as educational tools. By signing below, I consent to the use of these photographs/videos in a professional manner.

I, _____, do hereby agree and give my consent for Cultivate Wellness & Sports Rehab to furnish care and treatment that is necessary and proper in the diagnosing or treating of my physical condition.

I understand that I retain the right to revoke this consent by notifying the practice, in writing, at any time. I hereby certify that all the above information is true to the best of my knowledge.

Patient/Parent/Guardian Signature: _____

Date: _____