

Dr. Valentine Guzman
Sports Chiropractic
1004 W. MacDade Blvd
Millmont Park, PA 19033

CONFIDENTIAL PATIENT INFORMATION

Today's Date: _____

Name: _____ Home Phone: _____

Address: _____ City: _____ Zip Code: _____

Age: _____ Birth Date: _____ Marital : M S W D How many Children: _____

Occupation: _____ Employer: _____

Patient's Nearest Relative: _____ Phone: _____

Referred By: _____ EMAIL: _____

Date of Last Physical Examination: _____

What Operations Have You Had: _____ When: _____

Serious Illnesses: _____ When: _____

Have You Ever Suffered From: 5. Tuberculosis: _____ 11. Digestive Disorders: _____

6. Arthritis: _____ 12. Nervousness: _____

1. Dizziness: _____ 7. Headaches: _____ 13. Sinus Trouble: _____

2. Backaches: _____ 8. Numbness: _____ 14. Anemia: _____

3. Heart Trouble: _____ 9. Asthma: _____ 15. Rheumatic: _____

4. Diabetes: _____ 10. Neuritis: _____ 16. Cancer: _____

Purpose of
This Appointment: _____

Other Doctors Seen For This Condition: _____

Have You been Treated for any Health conditions by a physician in the last year? _____

Describe: _____

What medications or drugs are you taking? _____

IF YOURS IS AN ACCIDENTAL INJURY PLEASE COMPLETE THE
INFORMATION REQUESTED ON THE REVERSE SIDE

I understand and agree that health and accident insurance policies are arranged between an insurance carrier and myself. Furthermore, I understand that _____XXXXXXXXX_____ will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to _____XXXXXXXXX_____ will be credited to my account on receipt. however, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be immediately due and payable.

Patient's Signature _____ SS# _____XXXXXXXXX_____ Date: _____

Guardian or Spouse's Signature Authorizing Care: _____ Date: _____