

PATIENT REGISTRATION FORM

Name	MI L	ast Name
Preferred Name		
DOB		
Email		
Address		
City	State	eZip
Cell Phone	Home Pl	hone
Marital Status: SingleMarried	Separated	DivorcedWidowed
		_Family MemberInsurance BookFriendOther
Whom may we thank for referring you?		
Primary Care Physician		
Phone		
Employment Status:Full-Time Part-Time	eSelf Emplo	yed NoneDisabledStudent
Patient's Employer		Work Phone
Address		
City	State	eZip



Emergency contact name				
Phone				
Relationship				
Address				
City	Sta	ite	Zip	
Minor Consent: I authorize Lake Meridian to p	provide treatment for the minor I	isted above.		
Parent Guardian	Signature			
Primary Insurance Name:		ID#		
Subscriber Name:				
Relationship to Subscriber:Self	Spouse	Child		
Secondary Insurance Name:		ID #		
Subscriber Name:				
Relationship to Subscriber: Self	Spouse	Child		



Attorney's Name :				
Attorney's Phone #				
Labor & Industries				
Date of Injury:	Claim #			
Patient's Auto Insurance Name				
Phone #	Claim #			
Other Driver Information: Name				
Address	City	State	Zip	
Drivers Ins. Co				
Ins Co. phone #				
• Claim #				
Patient Signature				
Date				



Current Symptoms

name			_	L	Date_						
Reason for today's visit is a result of:Work AccidentAuto Acc	cide	nt	_		_Spor	t Ac	ciden	nt			
TraumaChronic			_		Che	ck U	p				
Have you ever been treated by a Chirop	racto	or be	efore'	? _	`	Yes		N	0		
Major Concerns:											
1				-							
How Intense? (0-Least; 10-Worst)	0	1	2	3	4	5	6	7	8	9	10
How Frequent? (Rarely - All the time)			25%	6	50%	7	75%	10	00%		
Interfere with Work, Sleep, Daily Routine	?			V	/ :	3	D				
2											
How Intense? (0-Least; 10-Worst)	0	1	2	3	4	5	6	7	8	9	10
How Frequent? (Rarely - All the time)			25%	6	50%	, 7	75%	10	00%		
Interfere with Work, Sleep, Daily Routine	?			V	/ :	3	D				
3											
How Intense? (0-Least; 10-Worst)	0	1	2	3	4	5	6	7	8	9	10
How Frequent? (Rarely - All the time)			25%	6	50%	, 7	75%	10	00%		
Interfere with Work, Sleep, Daily Routine	?			V	/ 9	3	D				
4											
How Intense? (0-Least; 10-Worst)	0	1	2	3	4	5	6	7	8	9	10
How Frequent? (Rarely - All the time)			25%	6	50%	, 7	75%	10	00%		
Interfere with Work, Sleep, Daily Routine	?			W	/ 5	3	D				

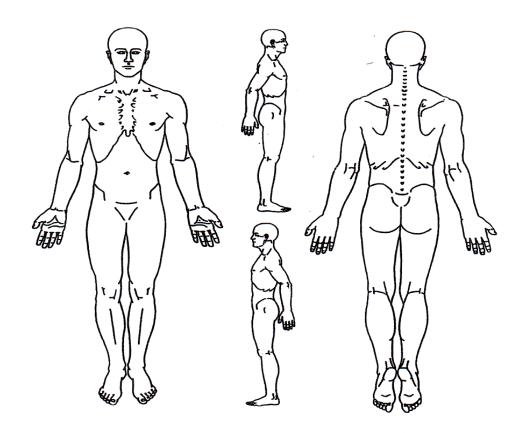


When did this first beco	me a concern for you?	
Have you ever experier	nced these symptoms before?	_YesNo
If Yes, when?		
Have you been treated	for these past episodes(s)?	YesNo
-	opractor MD Osteopath P Other	•
_	eing you?YesNo	
Goals of Treatment		
Are you taking any of	the following medications?	
Nerve Pills	Pain Killers (or aspirin)	Muscle Relaxers
Insulin	Stimulants	Blood Thinners
Hormones	Birth Control	Other
Are you wearing:	Heel LiftsArch Support	ts
Are any of the following	ng in your family history?	
Caner	Scoliosis	Stroke
Diabetes	Heart Disease	Blood Disease
Blood Disease	Multiple Sclerosis	Other



Indicate on the diagrams below the location/s and type of sensation/s you have been experiencing. Use the letters below to indicate the type of sensation. If the letters don't describe the sensation, write in your description of what you are feeling.

A - Ache	B - Burning	Co - Constrictive	C- Cramping	Cu- Cutting
D - Dull	N - Numbness	P - Pounding	S - Sharp	SH- Shooting
Sp - Spasm	St - Stinging	T - Tingling	TH - Throbbing	
O-Other				



Recreational Activities:

Sports	How Often
Exercise	_ How Often
Hobbies_	How Often



Surgeries (please list the surgery and the year it was done)

Accidents (pleases list brief description and the year it happened)
Fractures (please list what was fractured and the year it happened)

Medical Conditions (Circle all that apply):

Alcoholism	Ecze	ema		Pneumonia		Small Pox
Allergies	Epile	epsy		Polio		Tuberculosis
Anemia	Hear	rt Attach	า	Rheumatic		Typhoid Fever
Appendicitis	Hem	ophilia		Fever		Whooping
Arthritis	Нера	atitis		Scarlet Feve	r	Cough
Cancer	Kidn	ey Dise	ase	Scoliosis		Other
Chicken Pox	Live	r Diseas	se	Sexually		None
Depression	Mum	nps		Transmitted		
Diabetes	Pleu	risy		Disease		
Cigarettes	None	Light	Moderate	Heavy	Amount_	
Alcohol	None	Light	Moderate	Heavy	Amount_	
Recreational Drug	s None	Light	Moderate	Heavy	Amount_	

Date

Signature_____

NECK BOURNEMOUTH QUESTIONNAIRE

reading, driving No interference	1 eek, how	2	3	4	5 fered with	6	7	8 (housewo	9 greational,	ng, dressing, lift out activity 10 social, and fam out activity
Over the past we reading, driving No interference Over the past we activities? No interference O Over the past we activities?	eek, how 1 eek, how 1	much has	your neck 3 your neck	pain inter 4 pain inter	fered with 5	your daily	activities	Unable 8	ork, washi le to carry 9 creational,	ng, dressing, lift out activity 10 social, and fam
No interference Over the past we activities? No interference O Over the past we activities?	1 eek, how	2 much has	3 your neck	4 pain inter	5 fered with	6	7	Unab	9 greational,	out activity 10 social, and fam
Over the past we activities? No interference O Over the past we	eek, how	much has	your neck	pain inter	fered with			8 part in rec	9 creational,	10 social, and fam
Over the past we activities? No interference 0 Over the past we	eek, how	much has	your neck	pain inter	fered with			part in rec	creational,	social, and fam
No interference 0 Over the past we	1					ı your abili	ty to take	-		
0 Over the past we		2	3	4				Unab	le to carry	out activity
Over the past we		2	3	4						,
•	eek, how				5	6	7	8	9	10
Not at all anxiou		anxious (t	ense, uptig	ght, irritab	le, difficul	ty in conce	entrating/r	elaxing) h	ıave you b	een feeling?
	IS							Extre	mely anxio	ous
0	1	2	3	4	5	6	7	8	9	10
Over the past w	eek, how	depressed	l (down-in-	-the-dump	s, sad, in	low spirits	, pessimist	ic, unhapp	py) have y	ou been feeling?
Not at all depres	ssed							Extre	mely depr	essed
0	1	2	3	4	5	6	7	8	9	10
Over the past w	eek, how	have you	felt your w	ork (both	inside and	d outside th	ne home) l	has affecte	ed (or wou	ld affect) your r
Have made it no	worse							Have	made it m	nuch worse
0	1	2	3	4	5	6	7	8	9	10
Over the past w	eek, how	much hav	e you beer	able to co	ontrol (rec	luce/help)	your neck	pain on y	our own?	
Completely con	tral it							No co	ontrol wha	tsoever
completely con	uoru			4	5	6	7			
N O H	fot at all depres $\frac{1}{0}$ Ever the past we have made it not $\frac{1}{0}$ Ever the past we have the past we have $\frac{1}{0}$	fot at all depressed $\frac{1}{0}$ 1 Ever the past week, how lave made it no worse $\frac{1}{0}$ 1	Not at all depressed 0 1 2 Over the past week, how have you have made it no worse 0 1 2 Over the past week, how much have	Not at all depressed 0 1 2 3 Over the past week, how have you felt your was lave made it no worse 0 1 2 3 Over the past week, how much have you been seen 0 0 0 0 0 0 0 0 0 0	fot at all depressed $\frac{1}{0} = \frac{1}{2} = \frac{3}{3} = \frac{4}{4}$ Ever the past week, how have you felt your work (both lave made it no worse $\frac{1}{0} = \frac{1}{2} = \frac{3}{3} = \frac{4}{4}$ Ever the past week, how much have you been able to contain the past week, how much have you been able to contain the past week, how much have you been able to contain the past week, how much have you been able to contain the past week, how much have you been able to contain the past week, how much have you been able to contain the past week, how much have you been able to contain the past week.	Not at all depressed 0 1 2 3 4 $5 0 Over the past week, how have you felt your work (both inside and lave made it no worse 0 0 0 0 0 0 0 0 0 0$	fot at all depressed $\frac{1}{0} = \frac{1}{2} = \frac{1}{3} = 1$	for at all depressed 0 1 2 3 4 5 6 7 Ever the past week, how have you felt your work (both inside and outside the home) leave made it no worse 0 1 2 3 4 5 6 7 Ever the past week, how much have you been able to control (reduce/help) your neck	Not at all depressed Extremation $\frac{1}{2}$ of $\frac{1}{2}$	o 1 2 3 4 5 6 7 8 9 Ever the past week, how have you felt your work (both inside and outside the home) has affected (or would have made it no worse Have made it mover the past week, how much have you been able to control (reduce/help) your neck pain on your own?

With Permission from: Bolton JE, Humphreys BK: The Bournemouth Questionnaire: A Short-form Comprehensive Outcome Measure. II. Psychometric Properties in Neck Pain Patients. *JMPT* 2002; 25 (3): 141-148.

BACK BOURNEMOUTH QUESTIONNAIRE

Name tions: The follow					ut about y		ain and ho			 . Please answer
and mark the ONI	E number o	on EACH	scale that	best descr	ibes how y	ou feel.			<i>.</i>	
Over the past w	eek, on av	erage, hov	w would y	ou rate yo	ur back pa	nin?				
No pain								Wors	t pain poss	ible
0	1	2	3	4	5	6	7	8	9	10
Over the past w				pain inter	fered with	your daily	activities	s (housew	ork, washi	ng, dressing, wa
No interference	;							Unab	le to carry	out activity
0	1	2	3	4	5	6	7	8	9	10
Over the past wactivities?	veek, how	much has	your back	pain inter	fered with	ı your abili	ty to take	part in re	creational,	social, and fam
No interference	;							Unab	le to carry	out activity
Tro interrence										
$\frac{1}{0}$	1	2	3	4	5	6	7	8	9	10
0	1									
	1 veek, how							elaxing) l		een feeling?
Over the past w	1 veek, how							elaxing) l	nave you bo	een feeling?
Over the past w Not at all anxio	1 veek, how us	anxious (to	ense, uptig	ght, irritab	le, difficul	ty in conce	entrating/r	Extre	mely anxio	een feeling? ous 10
Over the past we not at all anxious $\frac{1}{0}$. Over the past we note that $\frac{1}{0}$.	1 veek, how us 1 veek, how	anxious (to	ense, uptig	ght, irritab	le, difficul	ty in conce	entrating/r	Extre 8 ic, unhapp	mely anxio	een feeling? ous 10 ou been feeling?
Over the past we not at all anxious Over the past we not at all depressions.	1 veek, how 1 veek, how essed	anxious (to 2) depressed	anse, uptig	ght, irritab 4 -the-dump	le, difficul 5 ss, sad, in l	6 ow spirits,	7 pessimist	Extre 8 ic, unhappe Extre	nave you be mely anxion 9 by) have you mely deprose	een feeling? 10 bus 10 bu been feeling?
Over the past we not at all anxious $\frac{1}{0}$ Over the past we not at all depression $\frac{1}{0}$	1 veek, how us 1 veek, how essed 1	anxious (to 2) depressed	3 (down-in-	ght, irritab 4 -the-dump	5 ss, sad, in l	6 ow spirits,	7 pessimist	Extre 8 ic, unhappe Extre 8	g py) have you mely depro	een feeling? 10 bus 10 bu been feeling? essed 10
Over the past we not at all anxious of the past we not at all depression of the past we not at all depressions a	1 veek, how us 1 veek, how essed 1 veek, how	anxious (to 2) depressed	3 (down-in-	ght, irritab 4 -the-dump	5 ss, sad, in l	6 ow spirits,	7 pessimist	Extre 8 ic, unhapp Extre 8 has affected	mely anxions 9 by) have your mely deprosed (or wour	een feeling? 10 ou been feeling? essed 10 Id affect) your been
Over the past we not at all anxious of the past we not at all depression of the past we not at all depression of the past we have made it means to the past we not at all depression of the past we	1 veek, how us 1 veek, how essed 1 veek, how o worse	anxious (to 2 depressed 2 have you f	3 (down-in-	the-dump 4 ork (both	5 s, sad, in l	6 ow spirits, 6 d outside th	7 pessimist 7 ne home) l	Extre 8 ic, unhapp Extre 8 has affected Have	mely anxion 9 by) have you mely deproduced (or would made it meals)	een feeling? 10 ou been feeling? essed 10 Id affect) your buch worse
Over the past we not at all anxious of the past we not at all depression of the past we have made it makes the past we have the	1 veek, how us 1 veek, how essed 1 veek, how o worse 1	anxious (to 2) depressed 2 have you for 2	3 (down-in-	ght, irritab 4 the-dump 4 vork (both	5 s, sad, in l 5 inside and	6 ow spirits, 6 d outside th	7 pessimist 7 ne home) I	Extre 8 ic, unhapp Extre 8 has affecte Have	mely anxious of the second of	een feeling? 10 ou been feeling? essed 10 Id affect) your been
Over the past we not at all anxious of the past we not at all depression of the past we have made it makes the past we not at all depression of the past we not all depression of the past we not at all depression of the past we not al	1 veek, how us 1 veek, how essed 1 veek, how to worse 1 veek, how	anxious (to 2) depressed 2 have you for 2	3 (down-in-	ght, irritab 4 the-dump 4 vork (both	5 s, sad, in l 5 inside and	6 ow spirits, 6 d outside th	7 pessimist 7 ne home) I	Extre 8 ic, unhapp Extre 8 has affecte Have	mely anxious of the second of	een feeling? 10 ou been feeling? essed 10 Id affect) your buch worse
Over the past we not at all anxious of the past we not at all depression of the past we have made it makes the past we have the	1 veek, how us 1 veek, how essed 1 veek, how to worse 1 veek, how	anxious (to 2) depressed 2 have you for 2	3 (down-in-	ght, irritab 4 the-dump 4 vork (both	5 s, sad, in l 5 inside and	6 ow spirits, 6 d outside th	7 pessimist 7 ne home) I	Extre 8 ic, unhapp Extre 8 has affecte Have 8 pain on y	mely anxious of the second of	een feeling? 10 ou been feeling? essed 10 Id affect) your buch worse 10

With Permission from: Bolton JE, Breen AC: The Bournemouth Questionnaire: A Short-form Comprehensive Outcome Measure. I. Psychometric Properties in Back Pain Patients. *JMPT* 1999; 22 (9): 503-510.