ALTERNATIVE HEALING CHIROPRACTIC CENTER
Dianna Loudenbeck, D.C. Abby Stauss, D.C.
576 Donnelly Ave, Coos Bay, Or 97420
Telephone: 541-266-7543 Fax: 541-269-9408

CONFIDENTIAL PATIENT INFORMATION

Name: _____ Age: _____ Birth Date: _____

Gender: ☐ Male ☐ Female Height: _____ Weight: _____ Social Security #: _____

Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced Spouse's Name: _____

Home Phone: _____ Preferred Language: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: ☐ Same As Above _____

Occupation: _____ Employer:_____

Emergency Contact: _____ Phone Number: _____

How did you hear about us? _____

- Type of health coverage: ☐ Medicare ☐ Insurance ☐ Accident ☐ Industrial ☐ Cash
- Have you had previous chiropractic care? ☐ Yes ☐ No If yes, how long ago? _____
- I require a Clinical Summary for each of my visits. ☐ Yes ☐ No

Race (Please Check Only One):
☐ American Indian/Alaska Native
☐ African American/Black
☐ Native Hawaiian/Other Pacific Islander
☐ Asian
☐ White

Smoking Status:
☐ Daily Smoker
☐ Occasional Smoker
☐ Former Smoker
☐ Never Smoked
(<100 Cigarettes in lifetime)

Ethnicity:
☐ Hispanic/Latino
☐ Not Hispanic/Latino

- Are you currently taking any **Prescription Medications**? ☐ Yes ☐ No If yes, please list below.
If you have a list of your medications with you, we can make a copy.

_____ Initials I authorize Alternative Healing Center to access my prescribed medication history, and check for possible drug interactions.

Prescription Name **Mode of Delivery** **(Pill, Capsule, Injection, etc)** **Dosage** **Frequency** **(1x/day, 2x/day, as needed, etc)**

_____

_____

_____

- Do you have any **allergies** to *prescription medications*? ☐ Yes ☐ No If yes, please list below and indicate **what type of reaction** you have to the medication (Hives/rash, anaphylactic shock, etc.)

_____

_____

_____ _____
Signature of Patient/Personal Representative/Guardian **Date**

Disclaimer: The information on this form is required by the government and all fields must be completed. Thank you