

## Spring Spine Center

Date: \_\_\_\_\_

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: **M / F** Marital Status: **S M D W**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ How did you hear about us: \_\_\_\_\_

## Insurance Information

Insurance Co: \_\_\_\_\_ Member ID: \_\_\_\_\_ Group: \_\_\_\_\_

Insurance holder: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

## Current Complaints

Describe your symptoms: \_\_\_\_\_

When did your symptoms begin: \_\_\_\_\_ Have you had similar symptoms in the past? **Y / N**

How did your symptoms begin? **Work Auto Accident Other** (describe): \_\_\_\_\_

Progression: **Improving Not-improving Worsening** What makes it worse: \_\_\_\_\_

Describe: **Sharp Shooting Achy Burning Numb Tingling** What makes it better: \_\_\_\_\_

How severe are the symptoms on a scale of 1-10: **None - 1 2 3 4 5 6 7 8 9 10 – Worst**

## Acknowledge of Review of Notice of Privacy Practices

I, \_\_\_\_\_, (print name) confirm I have received and reviewed the Notification of Privacy Practices for Spring Spine Center as required by law. I confirm that a copy of this notice has been provided for me.

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Date

The undersigned patient hereby acknowledges that he/she is seeking medical care and treatment from **Spring Spine Center** and that the doctor will rely on the patient for giving truthful statements regarding the facts and circumstances surrounding his/her illness and/or injury. Any untruthful statements can possibly lead to the rendering of an improper diagnosis and/or unnecessary treatment. I, the patient, therefore attest that the questions responded to above are truthful and accurate.

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Date