CONFIDENTIAL PATIENT INFORMATION

Name		Home Phone								
Cell phone										
Address	City		BARROWS CANADO SQUEZOVE CHISM	State	Zip					
Age Birth date	Marital Status	M	s	_ D W	Number Of Children					
Your Occupation	Er	nployer								
Employer Address		Work Phone								
Name Of Spouse/Parent Their Employer										
Referred By										
Emergency contact not living wi	th you									
Their relationship to you		Their phone								
Symptoms we are seeing you fo	r									
Are your symptoms worse in the	morningduring the	day	even	ings	nightsame all day					
Rate the severity of your worst s	ymptom (circle) No pain 1	2 3	4 5	6 7 8	9 10 unbearable pain					
What makes your symptoms bet	ter		wors	e						
Other doctors seen for this cond	ition									
List any surgeries you have had	and date									
List any major illnesses you hav	e had and date									
List any medications you are tak	ing									
If female are you pregnant	no yes If yes, due	date								
PAYMENT IS EXPE	CTED AT TIME OF SERV	ICE UI	NLES	S BILLIN	IG INSURANCE					
Do you have health insurance	noyes Social sect	ırity nu	mber_							
Primary insurance name	ry insurance name Secondary Ins									
Who is insured	R	elations	ship							
Person responsible for payment		ujikagan antiu tunigi malainsa taan madan jiika mada								
I understand and agree that health and	accident insurance policies are an a	rrangem	ent betw	een an insu	rance carrier and myself, and that					
Lembke Chiropractic Clinic will assist r	ne in making collections from the in	surance (company	, I authorize	that payment from the insurance					
companies for services at this office be	made directly to Lembke Chiropractic	Clinic. H	lowever	I clearly und	lerstand and agree that all services					
rendered to me are charged directly to	me and I am personally responsible	for paym	ent in fu	ull. I also a	uthorize the release of my medical					
records to my present or future insuran	ce company.									
Patient's Signature					Date					
Information Taken By		Date								

Review of Systems

Presently	Past	do you have any of the fo	Pres		Past		those that apply)	
		High blood pressure		,		Menstrual difficul	ties	
announced formation on		Low blood pressure			- Annual and the Control of the Cont	Prostate trouble		
Addition of the Control of the Contr	discharate des des des des des des des des des de	Strokes (CVA)			**Control Control Cont	Sexual function d	ifficulties	
Mandahan de		Dizziness	CONTRACTOR		nostopaligo nel moto nel jarceno	Rheumatoid arthritis		
pulprisis/filipland/de-place/secu	metaconation assistantine reconstruction	Ringing in the ears	neales/percepturesconten		Advisophysical confidence	Diabetes		
No manufacture de de constante de la constante de constan	**************************************	Sinus trouble						
Secretary of the second of the	MATERIAL DE CONTRACTOR DE CONT	Headaches						
		Seizures						
and the second s		Multiple sclerosis	Doy	ou ha	ve any c	of the following	life style habits?	
Approximate an extra deliveraphy		Epilepsy	No	Yes				
(SCILIA STREET S		Tuberculosis			Drink a	alcohol	drinks per week	
		Thyroid trouble			Smoke	Tobacco	packs per week	
	-	Allergies	ACADAMISTATIVA (TOTAL ACADAMISTA ACADAMISTA ACADAMISTA ACADAMISTA ACADAMISTA ACADAMISTA ACADAMISTA ACADAMISTA	40pulmovemusemusemusemus	Use re	creational/illegal d	rugstype	
	MANAGEMENT CONTRACTOR	Shortness of breath	ndahan salah s	de approximation de la constantina della constan	Drink o	caffeinated drinks	per day	
живомического и поставления и	NORMAN PART DE DIVINI DE LA CONTRACTOR D	Asthma	-	-	Exerci	se	Times per week	
asimatralarina any canana	ukopianomoisti kinosopotikalako	Indigestion	what	type				
BATHAN SHARIFAN HANDE SHARIFAN HAND SHARIFAN		Ulcers						
MATERIAL PROGRAMMA PROGRAM		Constipation						
Addynalization communication	And an individual and a second	Diarrhea						
	***************************************	Sudden unexpected weight	loss					
angular-parte-influentiapin	nd April Section Consequently and Consequent	Osteoporosis						
MICHINA PROPERTY PROP	AREATORNIA (INC.) TO THE STREET	Difficulty releasing urine						
Machine Management (Management		Difficulty holding urine						
approximation of the contract		Mental illness describe					ranna andro de sante escare del este consection de servicio en consection de l'estimation de l	
Magaza Ngaran magazana ang ang ang ang ang ang ang ang ang	Administration of the Control of the	Cancer of what					when	
		Heart Disease describe					when	
					_		**************************************	
Patient na	ime				Date		Reviewed	

Scott Lembke, D.C. 11015 NE 4th Plain Suite B Vancouver, WA 98662 (360) 892-0451

2/17/05

bing maps

Lembke Chiropractic Clinic

Address: 11015 NE 4th Plain Rd Ste B, Vancouver, WA 98662

Phone: (360) 892-0451

Website: https://www.vancouverwashingtonchiropractor.com/

Hours

Monday 8:00 AM - 6:00 PM

Tuesday 8:00 AM - 12:00 PM

Wednesday 8:00 AM - 6:00 PM

Thursday 8:00 AM - 12:00 PM

Friday 8:00 AM - 6:00 PM

