

Do you have tingling or numbness In:
 Shoulders _____ Arms _____ Elbows _____
 Hands _____ Feet _____ Hips _____
 Legs _____ Knees _____

Are you wearing: Braces:
 Heel lifts _____ Elbow _____
 Sole lifts _____ Wrist _____
 Arch Supports _____ Knee _____
 Inner Soles _____ Low Back _____

REMARKS: _____
 INDICATE "C" FOR CURRENT SYMPTOMS; "P" FOR PAST SYMPTOMS:

NECK:
 _____ Stiff
 _____ Pain
 _____ Swelling
 _____ Popping/Cracking

HEAD & CHEST:
 _____ Allergies
 _____ Asthma
 _____ Chest Pain
 _____ Colds
 _____ Deafness
 _____ Difficulty Breathing
 _____ Dizziness
 _____ Ear ringing
 _____ Eye Pain
 _____ Failing Vision
 _____ Migraine Headaches
 _____ Nose Bleeds
 _____ Sinus Infection
 _____ Tuberculosis

JAW:
 _____ Locking
 _____ Popping
 _____ Snapping
 _____ Pain

BACK:
 _____ Hip Pain
 _____ Leg Pain
 _____ Low Back Pain
 _____ Sciatica
 _____ Scoliosis
 _____ Spinal Curvature

GASTROINTESTINAL:
 _____ Bedwetting
 _____ Colon Trouble
 _____ Constipation
 _____ Diarrhea
 _____ Frequent Urination
 _____ Gas

_____ Heartburn
 _____ Hemorrhoids
 _____ Incontinence
 _____ Indigestion
 _____ Nausea
 _____ Prostate

GYNECOLOGICAL:
 _____ Abnormal Pap Smear
 _____ Clotting
 _____ Cramping/Backache
 _____ Excessive
 _____ Frequent
 _____ Irregular
 _____ Light
 _____ Lumps In Breast
 _____ Missed
 _____ Pregnant/LMP _____
 _____ Due Date _____

JOINTS:
 _____ Arthritis
 _____ Bunions
 _____ Bursitis
 _____ Foot Trouble
 _____ Rheumatism
 _____ Swelling

_____ Swollen ankles

SYMPTOMS/CONDITIONS:
 _____ Alcoholism
 _____ Anemia
 _____ Anxiety
 _____ Bruise Easily
 _____ Cancer
 _____ Chest Pain
 _____ Depression
 _____ Diabetic
 _____ Dizziness
 _____ Fatigue
 _____ High Blood Pressure
 _____ Low Blood Pressure
 _____ Hot Flashes
 _____ Kidney Infections
 _____ Kidney Stones
 _____ Loss of Sleep
 _____ Nervousness
 _____ Pains Over Heart
 _____ Pleurisy
 _____ Polio
 _____ Poor Circulation
 _____ Poor Posture
 _____ Rapid Heart Beat
 _____ Slow Heart Beat
 _____ Short Leg
 _____ Stroke
 _____ Varicose Veins
 _____ Venereal Disease/AIDS

 Person responsible for payment: _____

I understand and agree that Health and Accident Insurance policies are an agreement between an Insurance carrier and myself. I understand that Matro / Kemper Chiropractic will prepare any necessary reports and forms to assist me in billing my Private Insurance company and that the amount authorized to be paid directly to Matro / Kemper Chiropractic will be credited to my account upon receipt. However, I clearly understand and agree that all services rendered to 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 will be immediately due and payable.

CASH PATIENTS ARE EXPECTED TO PAY AT TIME OF SERVICE.
 MEDICARE AND PRIVATE INSURANCE CO-PAYS, AND DEDUCTIBLE
 AMOUNTS ARE DUE AT THE TIME OF THE VISIT.

I will be paying by: Cash ___ Check ___ Credit Card type _____ number _____
 Expiration date _____

 Signature of Responsible Party

 Date