

Today's Date: \_\_\_\_\_

**ABOUT THE PATIENT** Daniel Kiefat DC 2525 DeMers Ave. Ste B, Grand Forks, ND 58201 Chart #: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
First M.I. Last Suffix  
 Preferred Name if other than above: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F  
 Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 Phone Numbers Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_  **Text Me Appointment Reminders!** Cell Carrier: \_\_\_\_\_  
 Home: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Employer: \_\_\_\_\_  
 Work: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Type of Work: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone#: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 Name of Medical Doctor(s) \_\_\_\_\_  
 How did you hear about hear about Heartland Clinic of Chiropractic? Insurance Company Phone Book Internet/Website  
Friend/Patient: \_\_\_\_\_ Physician: \_\_\_\_\_ Other: \_\_\_\_\_  
(Name) (Name) (Please Explain)  
Yes No Have you been to a chiropractor before?  
 I authorize the doctor or his staff to render care as deemed appropriate for me and/or my child.  
 I authorize the Heartland Clinic staff to request records from other providers as may be necessary.  
 I understand that after any initial promotional services all care is rendered at usual and customary fees.  
 \_\_\_\_\_ Patient / Parent Signature \_\_\_\_\_ Date

**PAYMENT RESPONSIBILITY**

YES NO Do you have health care insurance? Insurance Company: \_\_\_\_\_  
 (Please give insurance card to front desk so that we may verify your chiropractic benefits.)  
YES NO Are your symptoms due to a car accident or work injury?  
 (Please notify front desk as we will need additional information to process your claims)  
 Insurance Company: \_\_\_\_\_ Policy/Claim#: \_\_\_\_\_  
 Injury Date: \_\_\_\_\_

**REASON FOR SEEKING CARE**

**PRESENT COMPLAINTS - Please list each complaint on a separate line and check any boxes that applies to that complaint**

1. \_\_\_\_\_ How long has this been an issue? \_\_\_\_\_  
Dull Sharp Ache Numb / Tingle Stabbing Constant Occasional Mild Moderate Severe  
Staying the same Getting worse Worse in the morning Worse in evening Pain radiates to \_\_\_\_\_

2. \_\_\_\_\_ How long has this been an issue? \_\_\_\_\_  
Dull Sharp Ache Numb / Tingle Stabbing Constant Occasional Mild Moderate Severe  
Staying the same Getting worse Worse in the morning Worse in evening Pain radiates to \_\_\_\_\_

3. \_\_\_\_\_ How long has this been an issue? \_\_\_\_\_  
Dull Sharp Ache Numb / Tingle Stabbing Constant Occasional Mild Moderate Severe  
Staying the same Getting worse Worse in the morning Worse in evening Pain radiates to \_\_\_\_\_

4. \_\_\_\_\_ How long has this been an issue? \_\_\_\_\_  
Dull Sharp Ache Numb / Tingle Stabbing Constant Occasional Mild Moderate Severe  
Staying the same Getting worse Worse in the morning Worse in evening Pain radiates to \_\_\_\_\_

• Do your symptoms affect:  Sleep  Work  Daily Routine  Sitting  Driving  
 Other: \_\_\_\_\_  
 • What makes it better? \_\_\_\_\_  
 • What makes it worse? \_\_\_\_\_  
 • What Doctor's have you seen for this? \_\_\_\_\_  
 \_\_\_\_\_  
 • Type of treatment: \_\_\_\_\_  
 • Results: \_\_\_\_\_  
 • Hobbies/Interests: \_\_\_\_\_

