



Kebby Margaretich, DC
BACK TO HEALTH CHIROPRACTIC
 652 South Auburn Street, Grass Valley, CA 95945
 (530) 273-4102

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Join Newsletter? Yes No

Social # _____ DL# _____

Age _____ Birthdate _____ Sex _____ Status M S W D # Children _____

Employer's City _____ State _____ Phone _____

Spouse's Name _____ Occupation _____ Employer _____

Person Responsible for Account _____ Referred by _____

What is your major complaint? _____

Other Complaints _____

How long have you had this condition? _____ Have you had similar conditions in the past? _____

Which activities aggravate your condition? _____

Is this condition getting progressively worse? (circle one) Yes No Constant Comes and Goes

Is this condition interfering with your (circle all that apply) Work Sleep Daily Routine Other

How long has it been since you really felt good? _____

List surgical operations _____

List Medications _____

List Non-Prescription Drugs _____

Other doctors seen for this condition (circle all that apply) _____ MD DC DO DDS

Doctor's Name _____ Diagnosis _____

Circle all that apply Imaging Urinalysis Blood Tests Other: _____

Treatment: Medication _____ Physiotherapy _____

Results _____ Length of time under care _____

Were you off work? Yes No If so, how long? _____ Have you returned to your same job? Yes No

If not, why? _____

INSURANCE INFORMATION

Are you covered by Medicare? Yes No Medicare # _____ State Insurance Aid? Yes No

Do you have any group, union or personal health & accident insurance? Yes No

Name of Insurance Company _____ ID # _____

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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 suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable. I acknowledge that cancellations require 24-hours notice, or a charge will be incurred.

Patient's Signature _____ Date: _____

