



Kloor Chiropractic & Wellness Center

Update Form

Welcome back! This information will help us get up to date with anything that has changed since we last saw you.

NAME	AGE	TODAY'S DATE
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HEALTH UPDATE

REASON FOR VISIT?	DATE THIS STARTED	IS THIS A NEW OR PRE-EXISTING PROBLEM? NEW <input type="checkbox"/> PRE-EXISTING <input type="checkbox"/>
RATE THE SEVARITY USING THE SCALE MILD 1--2--3--4--5--6--7--8--9--10 SEVERE	RATE QUALITY SHARP <input type="checkbox"/> DULL <input type="checkbox"/> NUMBNESS <input type="checkbox"/> ACHY <input type="checkbox"/> STIFF <input type="checkbox"/> SHOOTING <input type="checkbox"/>	RATE FREQUENCY CONSTANT <input type="checkbox"/> FREQUENT <input type="checkbox"/> OCCASIONAL <input type="checkbox"/>
NEW ACCIDENTS/INJURIES/SURGERIES? YES <input type="checkbox"/> IF YES, EXPLAIN BELOW NO <input type="checkbox"/>	NEW MEDICATIONS? YES <input type="checkbox"/> IF YES, LIST NO <input type="checkbox"/>	NEW MEDICAL DIAGNOSIES? YES <input type="checkbox"/> IF YES, LIST NO <input type="checkbox"/>

INFORMATION UPDATE

SINCE LAST VISIT **HAS YOUR CONTACT INFORMATION** OR **INSURANCE** CHANGED?

YES IF YES, FILL OUT THE INFORMATION BELOW NO IF NO, YOU MAY LEAVE THIS SECTION BLANK

ADDRESS	PHONE#	E-MAIL
INSURANCE COMPANY	POLICY#	GROUP#
POLICY HOLDERS NAME		
POLICY HOLDERS DATE OF BIRTH		
POLICY HOLDERS SSN:		RELATIONSHIP TO PATIENT:

I authorize the above insurance company to assign benefits directly to Kloor Chiropractic. I understand I am financially responsible for all charges whether or not paid by insurance. I authorize my signature on all insurance submissions. The above named entity may use my healthcare information and may disclose such information to above named insurance company and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

Our mission is to provide you with the best care possible. Any significant changes to your health might require your doctor to perform an updated exam. If an exam is needed this price will be added to the standard adjustment prices.

PATIENT/GUARDIAN SIGNATURE(if under 18)

DATE