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# GOHL & CHOE CHIROPRACTIC

1111 N. BRAND BLVD., SUITE 402  
GLENDALE, CA 91202  
(818) 243- 6206

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## PATIENT INTAKE FORM

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_ PHONE (C): \_\_\_\_\_ (H): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SINGLE MARRIED DIVORCED WIDOWED # OF CHILDREN: \_\_\_\_\_

HOW WERE YOU REFERRED TO OUR OFFICE? \_\_\_\_\_

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### LIST YOUR CHIEF COMPLAINTS IN ORDER OF SEVERITY:

1. \_\_\_\_\_ HOW LONG? \_\_\_\_\_

2. \_\_\_\_\_ HOW LONG? \_\_\_\_\_

3. \_\_\_\_\_ HOW LONG? \_\_\_\_\_

### LIST OTHER DOCTORS CONSULTED FOR THIS CONDITION?

1. \_\_\_\_\_ WHEN? \_\_\_\_\_

IS THIS WORK RELATED INJURY? Y OR N

IS THIS A PERSONAL INJURY CASE (AUTOMOBILE ACCIDENT)? Y OR N

IF YES, DO YOU HAVE AN ATTORNEY? Y OR N

NAME OF ATTORNEY AND PHONE NUMBER: \_\_\_\_\_

### **NOTICE:**

WE ACCEPT MOST MAJOR PPO INSURANCES THAT COVER CHIROPRACTIC CARE. PLEASE PROVIDE THE FRONT DESK WITH A COPY OF YOUR INSURANCE CARD AS WELL AS AN OFFICIAL ID. MOST PPO INSURANCES HAVE A DEDUCTIBLE THAT YOU WILL BE HELD FINANCIALLY RESPONSIBLE. THE FRONT DESK WILL LET YOU KNOW YOUR DEDUCTIBLE AMOUNT.

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_