

Dr. Jedidiah T. Smith

Upper Cervical Doctor of Chiropractic

1732 Palma Drive, Suite 104, Ventura, CA 93003

805.642.6565

PATIENT INTAKE

First M Last

Address

Phone

City State Zip Code

Cell Phone

Email

Sex: M F

Marital: S M W D

Birthdate

Work Status

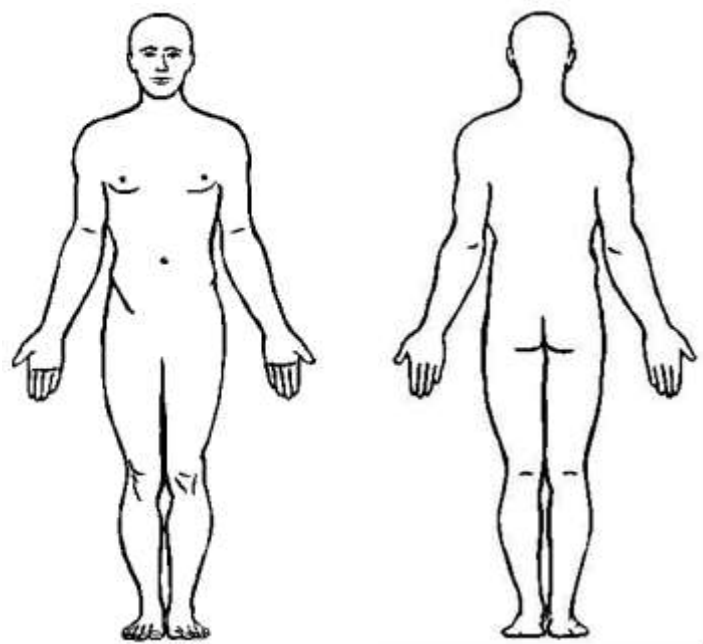
Referred By

Occupation

Emergency Contact Phone

Medical Doctor Phone

Please make notations on the figure and describe:



Patient Signature Date

Dr. Jedidiah T. Smith

PATIENT INTAKE

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Name

Height _____ Weight _____ Blood Pressure _____

Reason(s) for seeking Chiropractic care: _____

Please describe HOW your problem started: _____

Date your problem started: _____ Have you had this in the past? Y / N

Rate your pain if any (0=none / 10=unbearable): 0-1-2-3-4-5-6-7-8-9-10

Describe your pain if any (e.g. sharp, dull, burning): _____

Did it start: Suddenly / Gradually Is it: Constant / Intermittent

What activities make it better? _____

What activities make it worse? _____

How is this affecting your daily life and goals? _____

Have you received prior treatment for this condition and how effective was it? _____

List any other symptoms that started about the same time (constipation, nausea, headaches, deafness)

Please list ALL current medications and supplements: _____

Do you smoke, drink alcohol, and/ or take recreational drugs: _____

List all broken bones/ surgeries/ serious accidents/ falls: _____

Please list any additional information you would like the Doctor to know _____

Patient Signature

Date

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PATIENT INTAKE

\$175 Consultation: Fee is per half hour or part thereof. This may include the following examples:
Examination, X-Ray analysis, MRI analysis, Educational consultation, Written reports

\$125 Initial Visit

\$60 Adjustment visit

\$50 Adjustment visit - paid on day of service discounted price

\$45 Adjustment visit for individuals on Medicare or students (must show documentation to qualify)

\$25 Manual Therapy: additional, paid on day of service (ie. Ultrasound, Trigger-point Therapy)

Payment is due at time of service.

For patient's convenience, superbills may be printed. Dr. Smith is not in network with any third party payers nor accepts assignment for claims.

To be respectful of the doctor's time and the needs of other patients, appointments missed or cancelled without 24 hours' notice will be charged \$45.

Patient Signature

Date