

NEW PATIENT MEDICAL FORM

Circle one: Dr. Tent Dr. Senechal

Name: _____ Date of scheduled appointment: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Skype ID: _____

Date of Birth: _____ Gender: _____ Height: _____ Weight: _____

Social Security Number: _____

Name of Your Employer: _____

Type of Work: _____

Circle if you are: Single Married Widowed Divorced Separated

Name and telephone number of person to contact in case of emergency: _____

Name of husband or wife: _____

Husband or wife's employer: _____

Referred to this office by: _____

LIST YOUR MAJOR PRESENT HEALTH COMPLAINT (IN ONE SENTENCE): _____

DURATION OF PRESENT CONDITION (HOW LONG): _____

Have you been treated before for this problem? No Yes

If yes, by Physician Chiropractor Physical Therapist Osteopath

Other: _____

What did they do and/or recommend? _____

What was their diagnosis? _____

Is this condition getting progressively worse? Yes No Unknown

CIRCLE ANY OF THE FOLLOWING YOU HAVE OR HAVE HAD IN THE PAST:

Alcoholism	Epilepsy	Lumbago	Pneumonia
Anemia	Goiter	Malaria	Rheumatic Fever
Appendicitis	Gout	Measles	Scarlet Fever
Arthritis	Heart Disease	Mental Disorders	Stroke
Breast Lumps	Hepatitis	Migraine Headaches	Smallpox
Cancer	High Cholesterol	Multiple Sclerosis	Tuberculosis
Chicken Pox	Hernia	Mumps	Typhoid Fever
Diabetes	Influenza	Pacemaker	Ulcers
Diphtheria	Kidney Disease	Pleurisy	Venereal Infection
Eczema	Liver Disease	Polio	Whooping Cough

Other: _____

Please underline all of the following symptoms you have had PREVIOUSLY.

Please circle all of the symptoms you have NOW.

GENERAL SYMPTOMS

Headache
Fever
Chills
Sweats
Fainting
Dizziness
Convulsions
Numbness / pain in arms,
hands, or legs
Allergy
Wheezing
Weight gain
Loss of weight
Loss of sleep
Bruises easily
Neuralgia

E.E.N.T.

Failing vision
Nearsightedness
Farsightedness
Crossed eyes
Eye pain
Deafness
Earache
Ear noises
Ear discharge
Nosebleeds
Nasal obstruction
Sore throat
Hoarseness
Asthma
Dental decay
Gum trouble
Frequent colds
Enlarged thyroid
Tonsillitis
Sinus infection
Nasal drainage
Enlarged glands
Hay fever

SKIN

Skin Eruptions
Itching
Dryness
Boils
Varicose veins
Sensitive skin
Hives or allergy
Sores that wouldn't heal

RESPIRATORY

Chronic cough
Spitting-up phlegm
Spitting-up blood
Chest pain
Difficulty breathing

CARDIOVASCULAR

Rapid heartbeat
Slow heartbeat
High blood pressure
Low blood pressure
Pain over heart
Previous heart stroke
Hardening of arteries
Swelling of ankles
Poor circulation
Paralytic stroke
Chest pain

GENITOURINARY SYMPTOMS

Frequent urination
Painful urination
Blood in urine
Pus in urine
Kidney infection of stones
Bed wetting
Inability to control urine
Prostate trouble

GATROINTESTINAL

Poor appetite
Difficult digestion
Excessive hunger
Belching or gas
Nausea
Vomiting
Vomiting of blood
Pain over stomach
Distention of abdomen
Constipation
Diarrhea
Colon trouble
Hemorrhoids (piles)
Intestinal worms
Liver trouble
Gall bladder trouble
Jaundice
Colitis

FOR MEN ONLY

Breast lumps
Erection difficulties
Lump in testicle
Penis discharge
Sore on penis
 Other: _____

FOR WOMEN ONLY

Are you pregnant? ____
Excessive flow
Hot flashes
Irregular cycle
Cramps or backache
Previous miscarriage
Vaginal discharge
Lumps in breast
Menopausal symptoms
Painful menstrual periods
 Other: _____

NECK, BACK, EXTREMITIES: Please underline all of the following symptoms you had previously.
Please circle all of the symptoms you have NOW.

NECK

- Pain in neck
- Neck stiffness
- Neck weakness
- Pinched nerve in neck
- Neck feels out of place
- Muscle spasms in neck
- Grinding/popping sounds in neck

SHOULDERS

- Pain in shoulder joint Right Left
- Pain across shoulders
- Can't raise arm Right Left
 - Above shoulder level
 - Over head
- Tension in shoulders
- Pinched nerve in shoulder Right Left

MID-BACK

- Mid-back pain
- Mid-back stiffness
- Pain between shoulder blades
- Pain from front to back
- Muscle spasms in mid-back

LOW BACK

- Low back pain
- Low back stiffness
- Low back weakness
- Pinched nerve in low back
- Low back feels out of place
- Muscle spasms in low back

ARMS & HANDS

- Pain in upper arm Right Left
- Pain in elbow Right Left
- Pain in forearm Right Left
- Pain in hand Right Left
- Pain in fingers Right Left
- Pins & needles in fingers Right Left
- Numbness in arm Right Left
- Numbness in fingers Right Left
- Weakness of arm Right Left
- Weakness of hand Right Left
- Hands cold Right Left

HIPS, LEGS & FEET

- Pain in buttocks Right Left
- Pain in hip joint Right Left
- Pain down leg Right Left
- Pain in ankle Right Left
- Pain in foot Right Left
- Weakness of leg Right Left
- Weakness of knee Right Left
- Leg cramps Right Left

OTHER SYMPTOMS

PAST HEALTH HISTORY

OPERATIONS/SURGERIES AND YEARS PERFORMED: _____

Organs/Glands removed: _____

VACCINATIONS AND INJECTIONS RECEIVED:

- Diphtheria Polio Tetanus Spinal tap or injections Typhoid Smallpox
- Other: _____

HABITS: Coffee Tea Alcohol Tobacco
 Exercise Hobbies Sleep (Hours): _____

ACCIDENTS OR FALLS (Please Describe): _____

**Diverse Health Services PLLC
R.E. Tent D.C., N.D., Ph.D.
Jeff Senechal B.A., D.C.
24230 Karim Blvd, Suite 130
Novi, MI 48375
(248) 477-0380**

It has been explained to me, and I understand that R.E. Tent D.C. & Jeff Senechal D.C. are Chiropractors, and not medical or osteopathic physicians. As a result, this practice and the care provided is limited to that which is permitted by State Law. We do not provide the type of care or treat conditions that fall within the scope of practice of Medical Doctors, and do not treat or offer cures for diseases or illnesses such as cancer, diabetes, or other similar conditions.

R.E. Tent D.C. and Jeff Senechal D.C. may provide nutritional advice or support. I understand that this advice and support is provided for general health and is not offered as treatment for a disease or illness. Medical doctors or specialists must treat any disease or illness that I may have.

I have read this statement, I have had the opportunity to discuss it with the staff, and agree with it. I acknowledge that R.E. Tent D.C. and Jeff Senechal D.C. are not treating me for any disease or illness and agree not to hold them responsible for any such condition.

With this knowledge, I freely and willingly consent to the recommended course of treatment.

Signed: _____ Date: _____

Staff: _____ Date: _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of this office's Notice of Privacy Practices. I understand that I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the healthcare providers who may be directly and indirectly involved in providing my treatment.
- Obtain payment from third-party payors.
- Conduct normal healthcare operations such as quality assessments and accreditation.

{Please Print Name}

{Signature}

{Date}

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) _____

Staff Signature

Date