

Pamala A. Mitchell D.C.
ACCIDENT & SPORTS INJURY CLINIC
7623 Tezel Road
San Antonio, Texas 78250
PH: 210-630-5133 Fax: 210-520-0891
APPLICATION FOR TREATMENT

NAME (Print): _____ DATE: ____ - ____ - ____ M / F

DATE OF BIRTH: ____ - ____ - ____ AGE: ____ Ht.: ____ ' ____ " Wt.: ____ lbs.

ADDRESS: _____ SOC. SEC. No#: ____ - ____ - ____

CITY: San Antonio _____ STATE: Texas _____

ZIP CODE: _____ EMAIL: _____ @ _____ .COM

CELL #: (____) - ____ - ____ HOME #: (____) - ____ - ____ None TEXT OK

CHECK ONE: MARRIED SINGLE WIDOWED DIVORCED SEPARATED

REFERRED BY: _____

YOUR HEALTH INSURANCE: _____ MEMBER ID#: _____ NONE

OCCUPATION: _____ DAYS OFF: **S M T W TH F S**

WORK HOURS: ____ AM PM to ____ AM PM EMPLOYER: _____

ADDRESS: _____ San Antonio _____

Texas _____ ZIP Code: _____

1. In Detail please explain what your complaint is and how you got hurt:

2. Give date you developed this condition developed: ____ / ____ / ____

3. Have you had this condition or similar condition before? Yes No If yes, please explain in detail: _____

4. Have you received treatment for this condition before? Yes No If yes, please list doctor's name, address, and phone no.#: _____

Continue On Next Page

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5. Has there been a medical diagnosis for this condition? Yes No If yes, please explain in detail:

6. Have you had surgery for this condition? Yes No When ____/____/____

Results Poor Fair Good

7. Has this condition gotten: Worse Stayed the Same Better

Describe: _____

8. Is there anything that makes this condition worse? Yes No If yes, please explain:

9. is there anything that makes this condition better? Yes No If yes, please explain:

10. Have you been in a automobile accident? Past year Past 5 yrs. Over 5 yrs. Never

11. Has this condition affected your: Home life Work Recreation Sleep Other _____

12. Medications you currently take: Anti-Depressants: _____

Pain Medications: _____

Muscle Relaxers: _____

Blood Sugar: _____

Heart Medications: _____

Energy Pills: _____

Birth Control/Hormones: _____

Sedatives: _____

Other: _____ None

Fees are payable at the time when examination and treatments are received unless other arrangements are made in advance. X-Rays remain the property of Accident & Sports Injury Clinic and Pamala A. Mitchell D.C..

Patient Signature: _____

Date: _____