MATOSHKO
Chiropractic Clinic, LLC

2050 Chesley Drive, Sterling Heights, MI 48310
586-268-8882 . Fax: 586-268-5305 . matoshkochiropractic.com

PATIENT INTRODUCTION FORM

Date: ____________________

Social Security Number: ____________________

Name: ____________________

Phone No. (Home): __________ (Work): __________

Address: ____________________

Date of Birth: __________ Marital Status: __________

City: ____________________

Name of Spouse, Children: ____________________

State: __________ ZIP: __________

Occupation/Profession: ____________________

Email: ____________________

Employer: ____________________

Allergies: ____________________

Medications: ____________________

Smoker? ____________________

Frequency: ____________________

Briefly describe complaints: ____________________

Are these related to: ☐ Auto Accident ☐ Work Injury ☐ None Other: __________

Referred by: ____________________

Have you had previous chiropractic care? ☐ Yes ☐ No Where: __________

Do you have health insurance? ☐ Yes ☐ No Name of company: __________

DO YOU HAVE DIFFICULTY WITH THE FOLLOWING? IF YES, PLEASE MARK NEXT TO THAT ISSUE.

- Dizziness ☐
- Fainting ☐
- Grating in Neck ☐
- Hay Fever/Allergies ☐
- Headaches ☐
- Head Feels Heavy ☐
- Light Bothers Eyes ☐
- Loss of Balance ☐
- Loss of Smell ☐
- Muscle Spasm in Neck ☐
- Neck Pain ☐
- Ringing in Ears ☐
- Shooting Head Pains ☐
- Sinus Trouble ☐
- Wear Glasses/Contacts ☐
- Asthma ☐
- Chest Pains ☐
- Digestive Problems ☐
- Heart Attacks ☐
- Heartburn ☐
- Indigestion ☐
- Mid-Back Pain ☐
- Nausea ☐
- Nervous Stomach ☐
- Numbness in Arms ☐
- Numbness in Hands ☐
- Shortness of Breath ☐
- Shoulder Pain/Tightness ☐
- Tingling in Arms ☐
- Tingling in Hands ☐
- Bladder Control ☐
- Constipation ☐
- Disc Problems ☐
- Gall Bladder Disease ☐
- Knee Pain ☐
- Kidney Disease ☐
- Liver Disease ☐
- Low-Back Pain ☐
- Menstrual Cramps/Pain ☐
- Numbness in Feet ☐
- Numbness in Legs ☐
- Pain in Legs/Feet ☐
- Pinched Nerves ☐
- Tingling in Feet ☐
- Tingling in Legs ☐

PATIENT AGREEMENT ASSIGNMENT AND RELEASE

I, the undersigned assign directly to Matoshko Chiropractic Clinic, P.L.L.C., all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize this clinic to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions.

Signature of Insured/Guardian: ____________________