

Patient Profile

Doctor: _____

Patient Information

Name: _____

Patient ID #: _____ Sex: Male Female

Address: _____

Date of Birth: _____

Social Security #: _____

City, State: _____

Marital Status: Married Single Divorced

Zip Code: _____

Referring Physician: _____

Phone: _____ Home Work Other

Primary Physician: _____

Phone: _____ Home Work Other

Patient Employment:

Employed Retired Other

Phone: _____

Employer: _____

Emergency Contacts

Responsible Party

Address

Same as Patient:

Name: _____

Address: _____

City, State: _____

Zip Code: _____

Employment

Employer: _____

Phone: _____

Phone: _____

Social Security #: _____

Date of Birth: _____

Primary Insurance

Company: _____

Relationship to Patient: _____

Insured Party: _____

Social Security #: _____

Policy Number: _____

Secondary Insurance

Company: _____

Relationship to Patient: _____

Insured Party: _____

Social Security #: _____

Policy Number: _____

I hereby authorize assignment and payment directly to Coastal Rehabilitation Medicine Associates, P.A., any major medical benefits due to me. I hereby agree to pay any and all charges that exceed or that are not covered by insurance. I understand that my insurance is an agreement between me and my insurance company and I am ultimately responsible for all charges. I understand that my account may be turned over to a collection agency should my balance still be outstanding after 90 days. My signature also authorizes release of my Medical records.

Signature: _____

Date: _____

Independence Back Institute
2800 Ashton Drive Suite 100
Wilmington, NC 28412
Office: 910-794-8892 Fax: 910-794-8895

Name: _____

Social History

Please circle all items that apply to you

Abuse: History of Physical / Sexual Abuse

Alcohol: Heavy Moderate Never Occasionally

Children: # _____

Drug Use: Cocaine

Drug Use: Marijuana

Drug Use: _____

Education: Grade School HS Graduate College Graduate Degree

Employment: Disabled Full Time Part Time Retired Student Unemployed

Exercise: 3 x per week

Alcohol Rehab

Drug Rehab

Marital Status: Single Married Significant Other Divorced Widowed

Tobacco: Chew

Cigarettes less than 1 PPD

Cigarettes 1-2 PPD

Previous Smoker

Pipe Smoker

Cigar

Cigarettes greater than 1 PPD

Cigarettes 2-3 PPD

Never Smoked

Comment: _____

Other: _____

FAMILY HISTORY

Please circle items that runs in your family (blood relatives)

Alzheimer's Disease
Alcoholism
Arthritis
Aneurysms
Anemia
Asthma
Bleeding Disorders
Blood Clots
Breast Cancer
Cancer
Cataracts
Circulatory Problems
Colon Cancer
Diabetes
Diverticulitis
Gallbladder Disease
GI Disease or Ulcer
Glaucoma
Gout
Heart Disease
High Cholesterol
HIV/AIDS
Hypertension
Hypoglycemia

Hypotension
Kidney Disease
Leukemia
Lung Cancer
Nervous Disorders
Obesity
Parents: Adopted
Parents: Father-Deceased
Parents: Mother-Deceased
Parents: Father-Living
Parents: Mother-Living
Schizophrenia
Seizure Disorder
Stroke
Substance Abuse
Suicide
Tuberculosis
Osteoporosis
Kidney Cancer
Back pain
Psychiatric Disorder
Psychosis

Other: _____

OPERATIONS

Please circle all that you have had

Aortic Valve Replacement	Ileofemoral By-pass
Appendectomy	Intestinal By-pass
Arm Left	Knee Surgery
Arm Right	Back/Neck Surgery
Arthroscopy/Joint Scope	Abdominal Surgery
Laparotomy	Back
Joint Replacement	Gall Bladder
Shoulder- Left	Leg-Left
Shoulder- Right	Leg-Right
Lip	Biopsy
Liposuction	Bladder
Liver	Bone Graft
Lymph Node Biopsy	Bowel
Breast Surgery	Bowel Obstruction
Breast Biopsy	Brain Tumor
Foot Surgery	Breast Tumor-benign
Mitral Valve Replacement	Cancerous Growth Removed
D & C	Cardiac Cathertization
Neuroma	Carotid Surgery
Normal Delivery	Carpel Tunnel
Nose	Cataract Extraction, Left
Ovary Surgery	Cataract Extraction, Right
Thyroid/Parathyroid Surgery	Cervical
Partial Colectomy	Cleft Palate
Corneal Transplant	Colorectal Resection
Coronary	Colectomy
Plastic Surgery	Pacemaker
Lung Surgery	Artery Bypass
Prostate	Cosmetic- Elective
Pyloric Stenosis	Cosmetic- Reconstructive
Rectal	Craniotomy
Rectocele	C-section
Setoplasty	Cyst
Sinus	Cystocele
Skin Cancer Removed	Ear Surgery
Skin Graft	Bicep Tendon Repair
Endarterectomy	Ectopic Pregnancy
Eye	Elbow
Ganglion Cyst	Testicle
Gastrointestinal	Foot
Hammertoe Repair	Throat
Thyroid	Kidney Stone Resection
Thyroidectomy	Hand
Epidural Block	Head
Tonsillectomy	Heart
Trachea	Heart Valve Replacement

Tubal Ligation
Tubal Pregnancy
Hydrocele
Bladder Surgery
Hysterectomy-Partial
Varicocelectomy
Vein Stripping
Wisdom Teeth
Nephrectomy
Ankle

Heel
Hemorrhoidectomy
Hernia Repair
Hip Repair
Hysterectomy-Total
Vasectomy
Vulvectomy
Wrist
Rhinoplasty
Aortic By-pass

Other:

Illnesses

Please circle any of the following that you have had

Alzheimer's Disease	Hypothyroidism
Alcoholism	Incontinence - Bowel
Anemia	Incontinence - Urinary
Aneurysm	Intestinal Obstruction
Angina	Irritated Bowel Syndrome
Arrhythmia	Liver Disease
Arthritis	Menstrual Abnormality
ASCVD	Migraine Headaches
Asthma	Mitral Valve Prolapse
Attention Deficit Disorder	Obsessive Compulsive Disorder
Behavioral Disorder	Obstructive Sleep Apnea
Bleeding Disorders	Osteoarthritis
Breast Cancer	Osteoporosis
Cancer Cerebral Palsy	Pancreatic Disorder
Chemotherapy	Panic Disorder
Cholelithiasis	Parkinson's Disease
Congestive Heart Failure	Pericarditis
COPD	Peripheral Vascular Disease
Depression	Pneumonia
Diabetes	Polio
Diverticulitis	Polymyalgia Rheumatica
Eyes: Glaucoma	Post Polio Syndrome
Eyes: Macular Degeneration	Prostate Cancer
Fibromyalgia	Prostate Hypertrophy
Fractured Hip	Pulmonary Disease
Gastric Ulcer	Renal Disease
GI Hemorrhage	Renal Dialysis
Gout	Rheumatic Fever
Heart Attack	Rheumatoid Arthritis
Heart Disease	Sarcoidosis
Heart Murmur	Sciatica
Heart Murmur	Scoliosis
Heart Valve Disorder	Seizure Disorder
Hepatitis A	Skin Disease
Hepatitis B	Syncope
Hepatitis C	Thromboembolism
Herniated Disc	Thrombophlebitis
Hiatal Hernia	Thyroid Disease
HIV/AIDS	Transient Ischemic Attacks
Hosp: Childbirth	Tuberculosis
Hosp: Psychiatric	Ulcers
Hyperlipidemia	Various Veins
Hypertension	GERD
Hyperthyroidism	Stroke
Hypotension	Guillian-Barre Syndrome
Hypercholesterolemia (High Cholestrol)	Hypocholesterolemia (Low Cholestrol)

Parkinson's Disease
Pericarditis
Psoriasis
Multiple Sclerosis

Acid Reflux
Sacroilitis
Kidney Stones

Other:
