



Name			Social Security#			Date		
Birth Date		Age	Sex M F	Marital Status M S D W P		# of children		
Address								
City			State		ZIP			
Cell Phone			Cellular Service Co.			Verizon for example		
E-Mail Address					Height		Weight	
Company Name				Occupation				
Work Type	Office/Clerical	Light Labor		Moderate Labor		Heavy Labor		
Spouses Name				Emergency Contact				

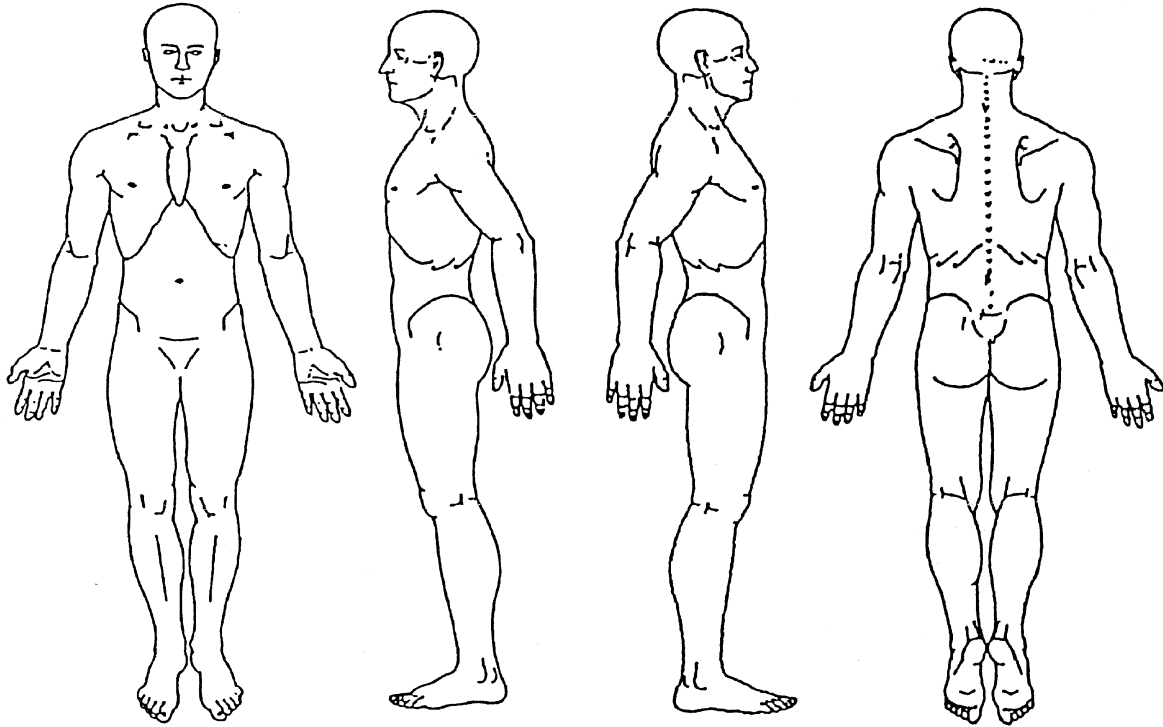
Westside Wellness Center has been offering alternative healthcare for 35 years. Health is a combination of many good habits and minimizing bad habits.

Please take a moment and let us know how we can better help you.

1. When did your knee pain start? \_\_\_\_\_
2. On a scale of 0-10 how much pain are you in?     0-1-2-3-4-5-6-7-8-9-10 worst
3. Were you in any type of accidents or injuries? If so please describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. What movements make it worse? \_\_\_\_\_
5. Does your knee swell? Yes No Does ice help? Yes No
6. Do you have any X-Rays or MRI's with a report of your knees? \_\_\_\_\_
7. Have you had any foot or hip issues? Yes No Do you wear orthotics? Yes No
8. Do you have arthritis? If so what type? \_\_\_\_\_
9. What sports did you play? \_\_\_\_\_
10. What medications are you on? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. How often do you exercise and what type? \_\_\_\_\_  
 \_\_\_\_\_
12. Have you had any surgeries? \_\_\_\_\_

Use the picture below to illustrate your areas of pain, spasm, tingling, or concern.

Make an **X** where you have pain, **N** where there is numbness or tingling



I understand that all examinations, treatments, supplies and lab work are to be paid for as they are rendered or specific financial arrangements made in advance. There is a charge for missed appointments without a 24 hour notification.

**HIPAA ACKNOWLEDGEMENT OF RECEIPT**

No information regarding our patients is shared or distributed with any other person or organization without the patient's signed authorization. Your signature below acknowledges receipt of our privacy policy information statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date