Dr. Marc Moramarco • Scoliosis 3DC

3 Baldwin Green Common • Suite 204 • Woburn • MA • 01801 • 781-938-8558

ABOUT YOU

Today's Date:_____/_____/_____

Patient Name: _____
LAST FIRST

Birthdate: _____ / _____ / _____ Age:_____ M ❑ F ❑

Home Address : _____

_____
City State Country Zip

Home Phone : _____

Cell: _____Wk: _____

Email: _____

Single ❑ Married ❑ Divorced ❑ Separated ❑ Widowed ❑

Referred by: _____

Previous conservative scoliosis care? Yes ❑ No ❑

What & Where? _____

Orthopedic Surgeon: _____

Hospital Affiliation_____

Date of last physical exam: _____/_____/_____

Most recent x-ray date: _____

Brace? Yes ❑ No ❑ If so, which brace?_____

How long? _____ # hours worn/day_____

INSURANCE

Co. Name: _____

Policy #: _____

Group #: _____

Insured Name: _____

Subscriber: _____

Relationship: _____

D.O.B.:_____/_____/_____

ADOLESCENTS

Mom Full Name: _____

Mom Email: _____

Mom Cell: _____

Dad Full Name: _____

Dad Email: _____

Dad Cell:_____

Parent's Marital Status: Married ❑ Divorced ❑
Separated ❑ Widowed ❑

Menses? Yes ❑ No ❑ Onset date _____

Risser Sign? 0 1 2 3 4 5 Unknown

Pediatrician : _____

ScoliScore Yes ❑ No ❑ Outcome _____

SCOLIOSIS

Reason for today's visit? _____

Major complaints: _____

Date of diagnosis? _____Cobb angles? _____ Curve type? _____ Family History _____

Health at onset, or just prior to scoliosis diagnosis _____ Pulmonary testing? Yes ❑ No ❑

Idiopathic ❑ Congenital ❑ Neuromuscular ❑ Adult onset ❑ at what age? _____

Concerns: Progression ❑ Impending surgery ❑ Pain ❑ Stiffness ❑ Respiratory problems ❑ Fatigue ❑
Unlevel hips/shoulders ❑ Rib cage rotation ❑ Postural ❑ Gait ❑ Other ❑ _____

How was the scoliosis discovered? _____ By Whom? _____

GENERAL MEDICAL

Health history_____

_____

_____

❑ Headaches
❑ Neck Pain
❑ Arm/Shoulder Pain
❑ Back Pain
❑ Hip/Leg Pain
❑ Chest Pain
❑ Sinus Trouble
❑ Heart Trouble
❑ Tuberculosis
❑ High/Low Blood Pressure
❑ Prostate Disorder
❑ Kidney Problems
❑ Bladder Problems
❑ Abdominal Pain
❑ Asthma
❑ Gallbladder disorder
❑ Constipation
❑ Diabetes
❑ Swollen Joints
❑ Insomnia
❑ Dizziness
❑ Numbness
❑ Nervousness
❑ Depression
❑ Morning Fatigue
❑ Anemia
❑ Poor Memory
❑ Hormonal Concerns
❑ Stiffness
❑ Virus
Other _____

Pacemaker? Yes ❑ No ❑ History of fainting? Yes ❑ No ❑ Suspected pregnancy? Yes ❑ No ❑

Osteoporosis? Yes ❑ No ❑ Sensory Issues ❑ Attentional Problems ❑

Surgeries? _____

Other healthcare practitioners: _____

Medications: _____

LIFESTYLE

Exercise type and frequency? _____

Yoga ❑ Pilates ❑ Rolfing ❑ Regular activities: _____

Sports Participation?_____Frequency?_____

Musical instrument? _____ Hours of practice/week? _____

Other regular activities: _____

QUESTIONS/CONCERNS?

_____

_____

_____

Thank you for considering us for your scoliosis needs!

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Woburn, MA 01801
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PRIVACY NOTICE ACKNOWLEDGEMENT

We are concerned with protecting your privacy, especially in matters that concern your personal health information. In accordance with the *Health Insurance Portability and Accountability Act of 1996 (HIPPA)*, we are required to supply you with a copy of our privacy policies and procedures. We encourage you to read this document carefully, for it outlines the use and limitations of the disclosure of your health information and your rights as a patient. If you ever have any questions or concerns regarding the use or dissemination of your personal health information, we would be happy to address them.

I acknowledge that I have received a copy of Moramarco Chiropractic Office's *Notice of Privacy Practices for Protected Health Information*.

_____	_____
Patient Name Printed	*Date*
_____	_____
Patient Signature	*Authorized Provider Rep. [OFFICE USE]*
_____	_____
Personal Representative Printed	*Personal Representative Signature*

_____

Description of Personal Representative's Authority to Act for the Patient (ex: mother, father, etc.)

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CONSENT TO TREATMENT OF MINOR CHILD

I hereby authorize:

Dr. Marc Moramarco,
and whomever he or she designates as assistants to administer chiropractic care as deemed necessary to my _____(indicate relationship of child).

_____

(name of child)

Dated at Woburn, MA this _____ day of _____

Signed:

_____
(parent of guardian)

Witnessed:

_____