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www.**HealthPRO**wellness.com

~Preliminary Information Questionnaire~

Date: ___/___/___ Referred By: _____

Patient's Full Name _____ Age _____

Address _____ Single _____ Married _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Date of Birth ___/___/___

Social Security # _____ Drivers License # _____

Employer _____ Occupation _____

Business Address _____ Phone# _____

Name of Parent/Spouse _____

Phone (If Different) _____ Cell _____

Spouse Employer _____ Phone _____

Spouse/Parent Social Security # _____

~Responsible Party Information~

Type of Insurance: (please check one) Self Medical Auto Workers Comp Attorney

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Policy# _____ Group# _____

Claim# _____ Adjuster Name: _____

ASSIGNMENT AND RELEASE

I, the undersigned, have insurance coverage with _____
Name of Insurance Company

And assign directly to _____ 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 facility/provider to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions.

Responsible Party Signature Date

~Health Questionnaire~

Patient name: _____ Date: _____

What are your main problems/pains? _____

Have you seen another Physician for this problem? (Y) (N) Whom? _____

Date of Accident/Beginning of Illness _____ Location of Accident _____

Auto On the Job Other Describe circumstances of accident/injury _____

Have you ever had the same or similar injury before? (Y) (N) If yes, please explain & give dates: _____

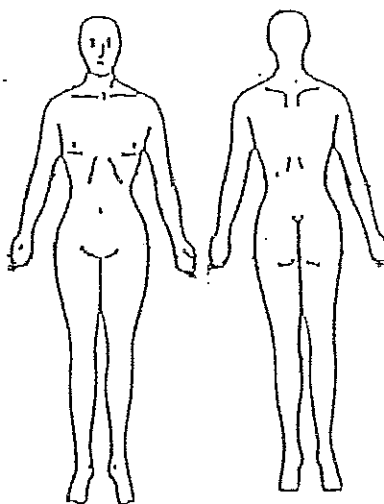
Have you lost time from work? (Y) (N) Give Dates _____

Are you Pregnant? (Y) (N) Number & Age of Children _____

****Please check any of the following symptoms that you have experienced or are currently experiencing****

MUSCULO-SKELETAL SYSTEM

- Low Back Problems
- Pain between Shoulders
- Neck Problems
- Arm Problems
- Leg Problems
- Swollen Joints
- Painful Joints
- Stiff Joints
- Sore Muscles
- Weak Muscles
- Walking Problems
- Ruptures
- Broken Bones
- Numbness



~PLEASE COLOR IN AREAS OF PAIN~

GENITO-URINARY SYSTEM

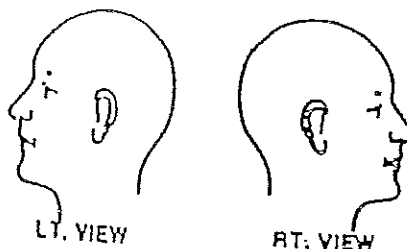
- Bladder Trouble
- Excessive Urination
- Scanty Urination
- Painful Urination
- Discolored Urination

EAR, NOSE AND THROAT

- Eye Strain
- Eye Inflammation
- Vision Problems
- Ear Pain
- Ear Noises
- Nose Bleeding
- Nose Discharge

CARDO-VASCULAR/RESPIRATORY

- Chest Pain
- Difficulty Breathing
- Persistent Cough
- Coughing Blood
- Rapid Heart Beat
- Blood Pressure Problems
- Heart Problems
- Lung Problems
- Varicose Veins



NERVOUS SYSTEM

- Liver Trouble
- Paralysis
- Dizziness
- Fainting
- Headaches
- Muscle Jerking
- Convulsions
- Depression

Childhood Diseases: _____

Complication: _____

Prior Surgery: _____

Medications Presently Taking: _____

Previous Accidents: _____