



Accurate Clinic

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Kenner, LA 70062 - 4799
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www.AccurateClinic.com

Name: _____ **Age:** _____ **SS#:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: Home: _____ **Work:** _____ **Cell:** _____
Date of Birth: _____ **Marital Status:** _____ Unemployed Disabled
 Employed: **Occupation:** _____ **Employer:** _____
Insurance: Yes No If Yes, Type and Company Name: _____
Email Address: _____

Emergency Contact Name: _____ **Relationship:** _____
Phone: Home: _____ **Work:** _____ **Cell:** _____

How did you learn about Accurate Clinic: Internet: Google Search AccurateClinic.com
 yellow pages (Internet Real Sunshine) flyer Billboard Drive-By

Referred by: Accurate patient: _____ **Physician:** _____
 Pharmacy: _____ Employer: _____ Attorney: _____ **Other:** _____

Allergies (medications, food): _____

Medications (prescription):

Supplements (over the counter; vitamins, herbal medications):

Surgeries/Dates: _____

Areas of chronic pain: None
 Neck Mid-Back Low Back Shoulder L / R Hip L / R Knee L / R
 Fibromyalgia Frequent Headaches Arthritis TMJ **Other:** _____

Past Medical History:
 Kidney Disease Liver Disease Diabetes High Blood Pressure Stomach Ulcers
 Heart Problems Stroke Emphysema / Asthma Lupus/Rheumatoid Arthritis.
 Anxiety Depression Bipolar ADHD Neuro-muscular Disease: _____
 Sleep Apnea Alcoholism Substance Abuse/Addiction: _____
 Other: _____

About you? Pregnant / Nursing *Smoker?* N / Y: _____ packs/day age started: _____
Drink Alcohol? N / Y beer wine mixed drinks _____ times per week month year (circle one)

Are you involved in a lawsuit regarding your medical condition? N / Y
The above information is true and accurate to the best of my knowledge.

Patient Signature

Date