DOWNING CHIROPRACTIC CLINIC

James W. Downing, D.C.

105 E. Vandament
Yukon, Oklahoma 73099
(405) 354-0994
www.DowningChiropracticOK.com

PATIENT INFORMATION

The following information is needed for our files so we may better serve you as our patient. Please fill in all portions of the form. If you need any assistance, please ask the receptionist.

Date: ______ / ______ / ______ Referred By: ____

Is your visit due to an accident? ☐ Yes ☐ No Date of accident: ______ / ______ / ______

Patient Name: ____
Last First MI

☐ Male ☐ Female Date of Birth: ______ / ______ / ______ Age: ________

Marital Status: ____________ Spouse: _____________________________ Children: ________

SSN: ________________________ Drivers License #: _____________________ State: ______

Address: ____

City: _______________________________________ State: ___________ Zip: _____________

Home Phone: (______) _______ - ___________ Cell Phone: (______) _______ - __________

E-mail address: ____

Employer: ____

Occupation: ____________________________ Work Phone: (______) _______ - ___________

Address: ____

Nearest Relative: _______________________________ Relation: _________________________

Home Phone: (______) _______ - ___________ Cell Phone: (______) _______ - __________

Address: ____

Present complaint (please briefly describe current symptoms): ___________________________

____

MEDICAL HISTORY

If any of the following are relevant to your medical history, please check the accompanying box:

☐ Cancer	☐ Muscular Dystrophy	☐ Rheumatic Fever
☐ Polio	☐ Multiple Sclerosis	☐ Scarlet Fever
☐ Tuberculosis	☐ Convulsions	☐ Nervousness
☐ Epilepsy	☐ High Blood Pressure	☐ Asthma
☐ Heart Trouble	☐ Concussion	☐ Digestive Disorder
☐ Diabetes	☐ Dizziness	☐ Sinus Trouble
☐ Hepatitis	☐ Arthritis	☐ Backaches
☐ German Measles	☐ Neuritis	☐ Numbness
☐ Rheumatism	☐ Venereal Disease	☐ Anemia

List other doctors you have seen for this condition: ______________________________________

____

Describe operations you have had and when: ____

____

Have you been treated by a physician for any health conditions in the last year? ☐ Yes ☐ No

If yes, please list condition and physician consulted: ___________________________________

____

____

Are you currently taking any medication? ☐ Yes ☐ No

If yes, please list: ____

____

Are you allergic to any medication? ☐ Yes ☐ No

If yes, please list: ____

____

Date of last physical exam: ______ / ______ / ______

Are you pregnant? ☐ Yes ☐ No Date of last menstrual period: ______ / ______ / ______

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that this office will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to this office will be credited to my account upon receipt. I permit this office to endorse co-issued remittances for the conveyance of credit to my account. However, I clearly understand and agree that all services rendered to me are charged directly to me, and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be immediately due and payable.

Patient signature: ____

Spouse / Guardian signature: ___________________________Date: ______ / ______ / ______

PAIN CHART

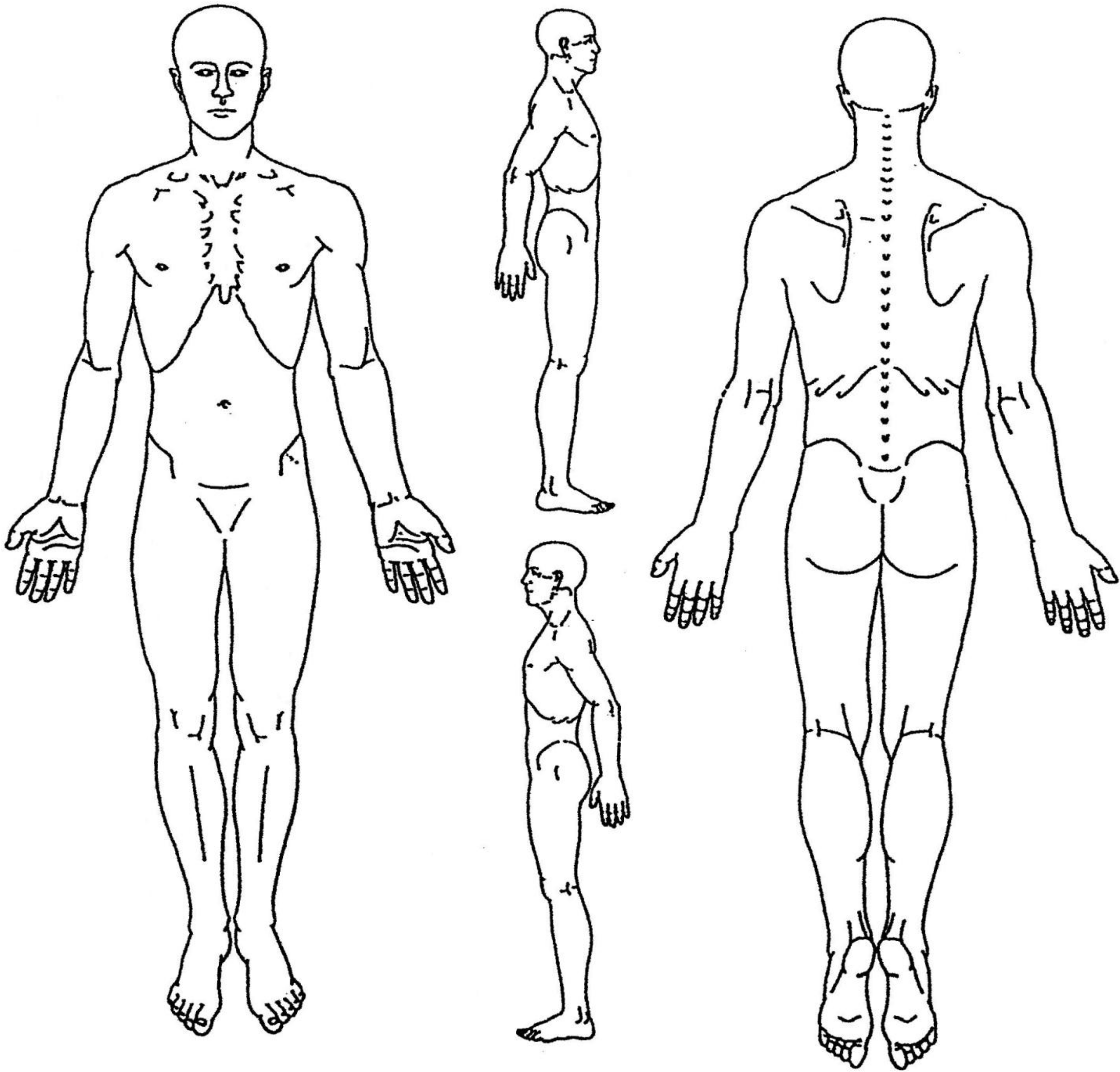
Name: ____

Date of Birth: _____ / _____ / _____ Age: ______ Occupation: _______________________

Use the letter below to Indicate the type and location of your sensation right now.

Key:

A = Ache	B = Burning	N = Numbness
P = Pins and needle	S = Stabbing	O = Other



HOW WELL EDUCATED
IS YOUR CHIROPRACTOR?

Doctors of Chiropractor Have Six or More Years of College

Have you ever wondered how much education your Doctor of Chiropractic is required to have compared to a medical doctor? Look at these basic educational requirements for graduates of both chiropractic colleges and medical schools. Each has its own specialties, but the hours of classroom instruction are about the same.

The early, formative years of chiropractic education, like those of medicine, may have left much to be desired. But this is true of nearly every science in its infancy.

Doctors of Chiropractic must satisfy a demanding academic course that leads to a first professional degree requiring six academic years of study—two years preparatory and four years professional.

Chiropractors must meet stringent educational requirements, including approximately 600 hours of externships, which qualify them for licensure in all states and Canadian provinces.

Chiropractors are required to pass stringent national board examinations as a prerequisite for licensure in most states. And, in most states, the Doctor of Chiropractic must stay abreast of the latest health care techniques by attending seminars and other special study programs.

If you are in need of relief from any of a wide range of ailments, pain or suffering, don't overlook the Doctor of Chiropractic. He or she has worked and studied many long hours to gain the necessary knowledge to help you feel well again. Give your chiropractor, and yourself, the chance you both deserve!

If you know others who are uninformed about chiropractors' education, why not share this information with them!

**REMEMBER,
THEY, TOO MAY BENEFIT
FROM TODAY'S
SCIENTIFIC
CHIROPRACTIC CARE!**

Basic Science Comparisons

Chiropractic Hours* (Minimum)	Subject	Medical Hours* (Minimum)
456	Anatomy/ Embryology	215
243	Psychology	147
296	Pathology	507
161	Chemistry	100
145	Microbiology	145
408	Diagnosis	113
149	Neorology	171
271	X-Ray	13
56	Psychology/psychiatry	323
66	Obstetrics/Gynecology	284
168	Orthopedics	2
2,419	**Total Hours**	**2,047**

* This class hours for basic science comparison were compiled and averaged following a review of curricula of 18 chiropractic colleges and 22 medical schools, based on the **1988-89 Association of American Medical Colleges Curriculum Directory (AAMC)**, Vickie Ahad, Editor, and the **Chiropractic College Admissions and Curriculum Directory 1988-89**, K. Magarian and K. McNamee, editors.

** Pathology includes Geriatrics and Pediatrics
*** Includes EENT and Dermatology

**Your Doctor of Chiropractic
is fully qualified. ASK ABOUT
ANY CONDITIONS… OR
EVEN ABOUT A CAREER
IN CHIROPRACTIC!**