



McGee Chiropractic, P.A.

1330 East Arlington Blvd., Suite B • Greenville, NC 27858 • Phone (252) 355-5353

Date: _____

Last Name: _____ First Name: _____ Middle Init.: _____

Do you have a preferred name or "nickname"? _____

Date of Birth: (mm/dd/year) _____/_____/_____ SSN: _____ — _____ — _____

Address: _____ Apt./Unit # _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email Address: _____

Marital Status (circle one): Single Married Divorced Separated Widowed

Spouse's Name: _____

Emergency Contact Person: _____

Emergency Contact Phone: (_____) _____ - _____

Your Employer: _____

Your Occupation: _____

Work Phone: (_____) _____ - _____ Extension: _____

Family Physician: _____

Address: _____

Phone: (_____) _____ - _____

How were you referred to our office? (You may circle more than one.) Friend Relative Co-Worker
Medical Doctor Newspaper Yellow Pages Sign Internet Site Dr. McGee/Staff Member
Other _____

Referrer's Name(s): _____

PRIMARY INSURANCE

Policy Holder: _____

Relationship to Patient: _____ Policy Holder's SSN: _____ — _____ — _____

Policy Holder Date of Birth: _____

Address (if different from above): _____

Policy Holder Employer: _____ Phone: (_____) _____ - _____

We file primary insurance weekly. We DO NOT file secondary insurance. If you need us to file secondary insurance, we can do so for a \$10.00 filing fee.

Are you covered by secondary insurance? Yes No

How will you be paying for today's visit? Cash Check Credit card

Patient Health Questionnaire - PHQ

ACN Group, Inc. Form PHQ-202

ACN Group, Inc. Use Only rev 3/27/2003

Patient Name _____ Date _____

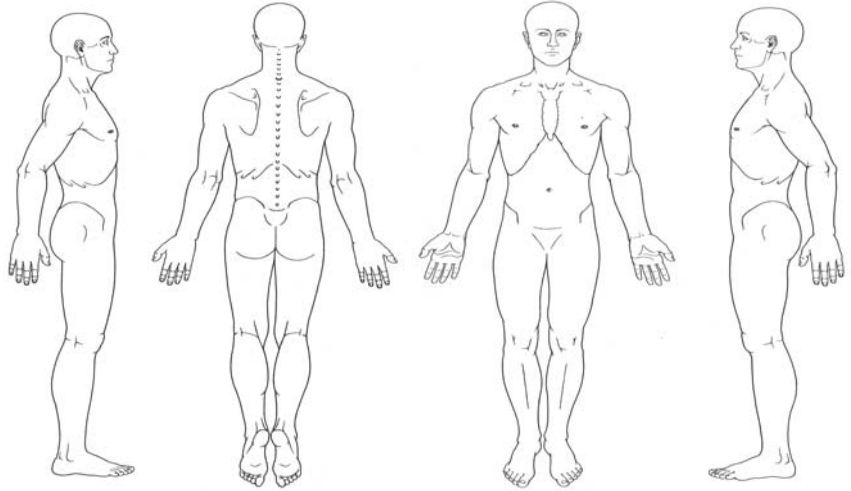
1. Describe your symptoms

a. When did your symptoms start?

b. How did your symptoms begin?

2. How often do you experience your symptoms? Indicate where you have pain or other symptoms

- ① Constantly (76-100% of the day)
- ② Frequently (51-75% of the day)
- ③ Occasionally (26-50% of the day)
- ④ Intermittently (0-25% of the day)



3. What describes the nature of your symptoms?

- ① Sharp
- ② Dull ache
- ③ Numb
- ④ Shooting
- ⑤ Burning
- ⑥ Tingling

4. How are your symptoms changing?

- ① Getting Better
- ② Not Changing
- ③ Getting Worse

5. During the past 4 weeks:

a. Indicate the average intensity of your symptoms

None ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Unbearable

b. How much has pain interfered with your normal work (including both work outside the home, and housework)

① Not at all ② A little bit ③ Moderately ④ Quite a bit ⑤ Extremely

6. During the past 4 weeks how much of the time has your condition interfered with your social activities?

(like visiting with friends, relatives, etc)

① All of the time ② Most of the time ③ Some of the time ④ A little of the time ⑤ None of the time

7. In general would you say your overall health right now is...

① Excellent ② Very Good ③ Good ④ Fair ⑤ Poor

8. Who have you seen for your symptoms?

- ① No One
- ② Other Chiropractor
- ③ Medical Doctor
- ④ Physical Therapist
- ⑤ Other

a. What treatment did you receive and when?

b. What tests have you had for your symptoms and when were they performed?

- ① Xrays date: _____
- ② MRI date: _____
- ③ CT Scan date: _____
- ④ Other date: _____

9. Have you had similar symptoms in the past?

- ① Yes
- ② No

a. If you have received treatment in the past for the same or similar symptoms, who did you see?

- ① This Office
- ② Other Chiropractor
- ③ Medical Doctor
- ④ Physical Therapist
- ⑤ Other

10. What is your occupation?

- ① Professional/Executive
- ② White Collar/Secretarial
- ③ Tradesperson
- ④ Laborer
- ⑤ Homemaker
- ⑥ FT Student
- ⑦ Retired
- ⑧ Other

a. If you are not retired, a homemaker, or a student, what is your current work status?

- ① Full-time
- ② Part-time
- ③ Self-employed
- ④ Unemployed
- ⑤ Off work
- ⑥ Other

Patient Signature _____ Date _____

