

WHITE SANDS CHIROPRACTIC CLINIC, INC.
24 BEAL PARKWAY S.W.
FT. WALTON BEACH, FL 32548
Dr. Erik Persiani, D.C.

PH: (850) 226-6728
FAX: (850) 226-6729

CONFIDENTIAL HEALTH PROFILE

Name: _____ DOB: _____

Complete Address: _____

Phone numbers: Work _____ Home _____ Cell _____

Employer: _____ Occupation: _____

Emergency Contact: _____ Relationship: _____ Number: _____

How did you find WSCC: _____ ?

Date of Onset: _____

PROFESSIONAL AND SELF CARE

Date of last Chiropractic Treatment (month/year): _____

Date of last Massage Therapy (month/year): _____

Primary care provider: _____ City, State: _____

List current medical, mental health or other care you are currently receiving:

List All Medications (prescribed and over the counter): _____

List All Vitamins and Any Other Natural remedies: _____

List Exercise and Frequency: _____

INSURANCE

IS YOUR VISIT ACCIDENT RELATED (Please circle one): AUTO WORKERS' COMP OTHER

Type of Coverage (Please circle one): Individual Group Workers' Comp Auto Other

Insurance Carrier: _____ Policy/Claim Number: _____

Insurance Contact Name: _____ Phone Number: _____