

Theresa M. Rubadue-Doi DC
628 NW York Dr. Suite 104
Bend, Oregon 97701

drterrydoi@gmail.com
phone 541-388-2429
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Chiropractic Registration and History

Name: Last:	First:	Middle:
Address:		
City:	State:	Zip:
Preferred Language:	Ethnicity:	
Email:		
Home Phone:	Cell Phone:	
Date of Birth:	Sex:	SS#:
Marital Status:	Spouse Name:	DOB:

Emergency Contact:	Relationship
Home Phone:	Cell Phone:

Employer:	Occupation:		
Address:			
Street	City	State	Zip
Work Phone:	Status:	FT, PT, Retired	

Payment Type:	Cash, Insurance, Auto, Work Comp, Medicare
How were you referred to our office?	

If you have insurance, please give us your card and we will make a copy of it.

Assignment and Release:

I assign directly to Dr. Theresa M. Rubadue-Doi DC all insurance 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 authorize the use of my signature on all insurance submissions.

Dr. Theresa M. Rubadue-Doi DC may use my health care information and may disclose such information to the Insurance Company (ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

Signature of Patient, Parent, Guardian or Personal Representative	Date
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Theresa M. Rubadue-Doi DC

628 NW York Dr., Ste104

Bend, OR 97701 541-388-2429

Patient's Name: _____

Date of Birth: _____

Today's Date: _____

Primary Care Physician Name:
List all Medications including vitamins that you are currently taking:

Allergies: _____
Any Surgeries or Hospitalizations
Any fractures:
Current Exercise Program:
Current Work Activity: Sitting Standing Light or Heavy Labor
Habits: Smoking (Packs/Day) Alcohol (drinks/week) Drug Use:
Coffee/Caffeine (cups/day) Stress Level mild moderate severe

Family History: *Cancer *Diabetes *High Blood Pressure *Heart/Stroke Problems
* Thyroid * Crohns or Digestive Disorders

Please circle the ones that apply to you:		
History of Recent Infection	Prostate Problems	Frequent Urination
Recent Fever	HIV/AIDS	Diabetes
High Blood Pressure	Epilepsy/Seizures	Visual Disturbances
Stroke	Dizziness/Fainting	Cancer/Tumor
Osteoporosis	Arthritis	Headaches
Depression	PaceMaker	Arm pain or weakness
Abnormal wt gain or loss	Alcoholism	Chest Pain
Heart Problems	Asthma	Leg Pain or weakness
Anemia	Bronchitis	Numbness
Bruise Easily	Swollen Joints	Sciatica

Current Height:

Weight:

Handed: Right, Left, Ambi