Peak Performance Chiropractic; 319 Broadway; Albany, NY 12204
518.472.9130
www.ppcalbany.com
Dr. Eric Luper

PATIENT HISTORY UPDATE

Please complete this questionnaire if you are an established patient and have not seen the doctor in more than 3 months. This confidential history will become part of your permanent records.

Name: _____ Date: _____

If your contact information or insurance coverage has changed, please list it below:

Address: _____ City: _____ State/Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Insurance Company: _____ ID #: _____

Emergency Contact: _____ Contact #: _____

Email Address: _____

Briefly describe the condition you are currently experiencing:

_____

_____

How long have you had this condition? _____

Have you had same/similar condition in past? _____

What makes it feel: Better? _____

Worse? _____

The pain interferes with: ☐work ☐ sleep ☐ routine ☐ home life

☐ other _____

Other doctors who have treated you for THIS condition: _____

_____

What caused this condition? _____

_____

Please list any significant change to your overall health status since seeing the doctor last:

_____

_____

Signature: _____ Date: _____