

Piro Clinic of Natural Medicine

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Application for Treatment

Please check the type of care desired:
() preventive () short-term () long-term () second opinion

Today's Date: ___/___/___

Name: _____ Birth date: ___/___/___

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____)____-____ Work: (____)____-____ Ext.: _____ Cell: (____)____-____

E-Mail: _____

Marital Status: () single () married () widowed () divorced () separated

Name of Spouse or Significant Other: _____ Ages of Children: _____

Occupation: _____ Spouse's Occupation: _____

WILL YOU BE FILING FOR INSURANCE REIMBURSEMENT? () Yes () No

ARE YOU ON MEDICARE? () Yes () No

ARE YOU ON MEDICAID? () Yes () No

How did you hear of the Piro Clinic? Check all that apply:

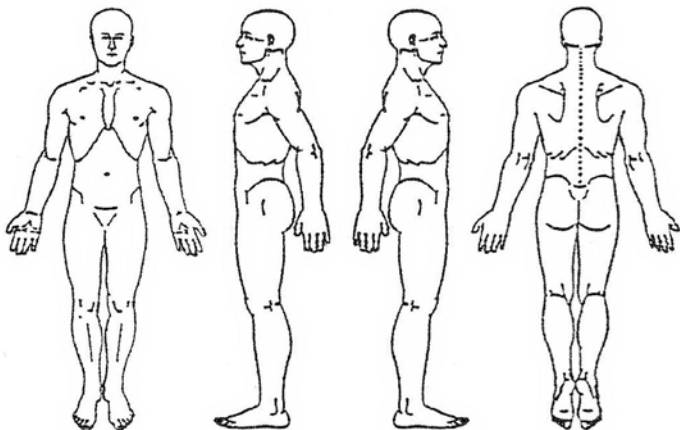
() mailer () magazine article () billboard () radio () website () word-of-mouth () search engine

Whom may we thank for referring you? _____

What is your goal regarding your health (be specific)? _____

If you are in pain, please mark the exact location(s) on the diagram below:

Major Concern



(Please Complete Reverse Side)

How did this condition develop? (What caused it? How did it start?) _____

When was the very first time you were aware of this problem? _____

Have you ever had this problem or similar problem before? If yes, please explain: _____

Has this problem been getting better, worse, or staying the same? _____

Is there anything you do that makes this condition worse? _____

Is there anything you can do that makes this condition better? _____

How has condition affected your life?

Home life _____

Occupation life _____

Recreational life _____

Rest and sleep _____

What surgeries have you had? _____

Are you pregnant? () Yes () No

Drugs you now take: _____

Vitamins you now take: _____

Have you consulted another health-care provider for this problem? () Yes () No

If yes, who, when and what is his/her specialty? _____

Please list any allergies: _____

Signature _____ Social Security # _____ - _____ - _____
(Parent/Legal Guardian if under 18)