

INSURANCE QUESTIONNAIRE

-PLEASE ANSWER ALL QUESTIONS COMPLETELY-

PATIENT INFORMATION:	DATE: _____
Name: _____	SS#: _____
Sex: Male / Female E-mail address: _____	
Marital Status: <u> S </u> <u> M </u> <u> D </u> <u> W </u> Are you a minor?: Y / N	
Birth Date: ____ / ____ / ____ Age: _____	
Address: _____	
Home Phone: () _____ Cell Phone: () _____	

EMPLOYMENT INFORMATION:
Employer / Business Name: _____
Phone #: () _____ EXT: _____
Address: _____
Job Title: _____

INSURANCE INFORMATION:
Insurance Company: _____
Policy Number: _____
Name of policyholder: _____
Relationship to Patient: _____

I understand and agree that health insurance policies are an agreement between my insurance carrier and myself. I clearly understand and agree that all services rendered to me are charged directly to my carrier and I may be personally responsible for payment if services are not covered.	
Patient Signature: _____	Date: _____

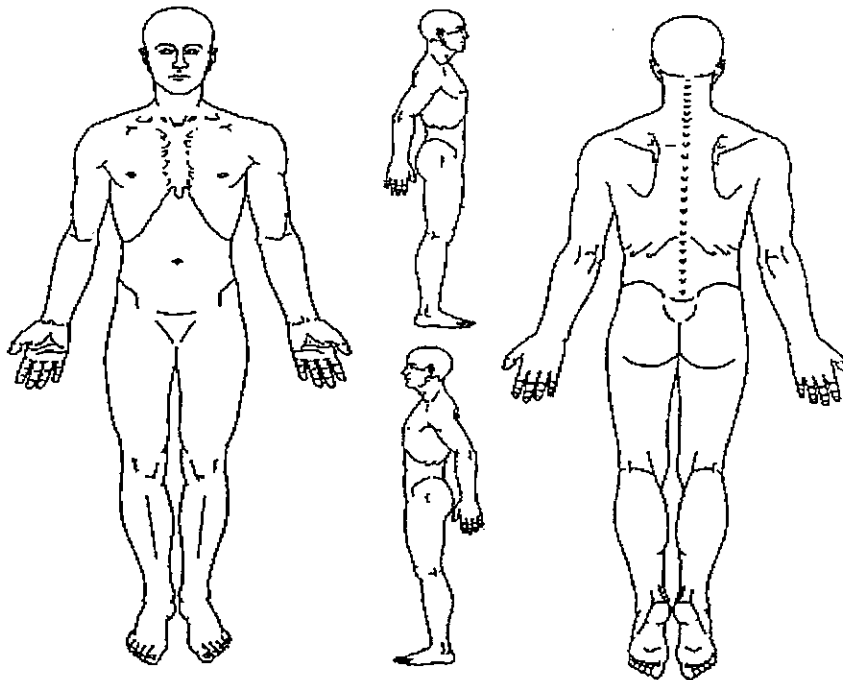
How were you referred to our office? _____

VAS Patient Name _____ Date ____/____/____

How long have you had your symptoms? ____ days ____ weeks ____ months ____ years

On the diagram below, please indicate where, and what type of symptoms that you are experiencing, right now. Write the appropriate abbreviations (see the key below) over the area of the body where those symptoms are occurring.

A = ACHE
 B = BURNING
 N = NUMBNESS
 P = PINS & NEEDLES
 S = STABBING
 O = OTHER _____



Instructions: Please fill in the bubble that corresponds to the pain level that you are experiencing.

Note: If you have more than one complaint, please indicate your pain levels for each complaint. Please indicate your pain level for ① your pain at its worst, ② your pain right now and ③ your average pain level.

Example:

No Pain ① ② ③ ④ ● ⑥ ⑦ ⑧ ⑨ ⑩ Worst Possible

① My pain when it is at its worst is:

No Pain ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Worst Possible

② My pain right now is:

No Pain ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Worst Possible

③ My average pain level is:

No Pain ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Worst Possible

Patient/Other Signature _____ Relationship to Patient _____

Practitioner Signature _____ Date _____

OSWESTRY DISABILITY INDEX

Name: _____ Age: _____ Date: _____ Raw Score: _____

Please complete this questionnaire by circling **one** answer in each section. It is designed to give us information as to how your back (or leg) trouble has affected your ability to manage in everyday life.

<p>SECTION 1 – Pain Intensity</p> <p>A. I have no pain at the moment. B. The pain is very mild at the moment. C. The pain is moderate at the moment. D. The pain is fairly severe at the moment. E. The pain is very severe at the moment. F. The pain is the worst imaginable at the moment.</p>	<p>SECTION 6 –Standing</p> <p>A. I can stand as long as I want without extra pain. B. I can stand as long as I want but it gives me extra pain. C. Pain prevents me from standing for more than one hour. D. Pain prevents me from standing for more than half an hour. E. Pain prevents me from standing for more than ten minutes. F. Pain prevents me from standing at all.</p>
<p>SECTION 2 – Personal Care</p> <p>A. I can look after myself normally without causing extra pain. B. I can look after myself normally but it is painful. C. It is painful to look after myself and I am slow and careful. D. I need some help but manage most of my personal care. E. I need help every day in most aspects of self care. F. I do not get dressed, wash with difficulty and stay in bed.</p>	<p>SECTION 7 – Sleeping</p> <p>A. My sleep is never disturbed by pain. B. My sleep is occasionally disturbed by pain. C. Because of pain I have less than 6 hours sleep. D. Because of pain I have less than 4 hours sleep. E. Because of pain I have less than 2 hours sleep. F. Pain prevents me from sleeping at all.</p>
<p>SECTION 3 – Lifting</p> <p>A. I can lift heavy weights without extra pain. B. I can lift heavy weights but it gives extra pain C. Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g., on a table. D. Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned. E. I can lift only very light weights. F. I cannot lift or carry anything at all.</p>	<p>SECTION 8 – Social Life</p> <p>A. My social life is normal and gives me no extra pain. B. My social life is normal but increases the degree of pain. C. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing, etc. D. Pain has restricted my social life and I do not go out as often. E. Pain has restricted social life to my home. F. I have no social life because of pain.</p>
<p>SECTION 4 –Walking</p> <p>A. Pain does not prevent me walking any distance. B. Pain prevents me walking more than one mile. C. Pain prevents me walking more than a quarter of a mile. D. Pain prevents me from walking more than 100 yards. E. I can only walk using a stick or crutches. F. I am in bed most of the time and have to crawl to the toilet.</p>	<p>SECTION 9 – Traveling</p> <p>A. I can travel anywhere without pain. B. I can travel anywhere but it gives extra pain. C. Pain is bad but I manage journeys over two hours. D. Pain restricts me to journeys of less than one hour. E. Pain restricts me to journeys of less than 30 minutes. F. Pain prevents me from traveling except to receive treatment.</p>
<p>SECTION 5 –Sitting</p> <p>A. I can sit in any chair as long as I like. B. I can sit in my favorite chair as long as I like. C. Pain prevents me from sitting for more than one hour. D. Pain prevents me from sitting for more than half an hour. E. Pain prevents me from sitting for more than ten minutes. F. Pain prevents me from sitting at all.</p>	<p>SECTION 10 – Changing Degree of Pain</p> <p>A. My pain is rapidly getting better. B. My pain fluctuates, but overall is definitely getting better. C. My pain seems to be getting better, but improvement is slow at present. D. My pain is neither getting better nor worse. E. My pain is gradually worsening. F. My pain is rapidly worsening.</p>

Patient Signature _____ Date _____

NECK DISABILITY INDEX QUESTIONNAIRE

Please Read: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage everyday activities. Please answer each section by circling the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may related to you, but **PLEASE JUST CIRCLE THE ONE CHOICE THAT MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

SECTION 1--Pain Intensity

- A. I have no pain at the moment
- B. The pain is mild at the moment.
- C. The pain comes and goes and is moderate.
- D. The pain is moderate and does not vary much.
- E. The pain is severe but comes and goes.
- F. The pain is severe and does not vary much.

SECTION 6 -- Concentration

- A. I can concentrate fully when I want to with no difficulty.
- B. I can concentrate fully when I want to with slight difficulty.
- C. I have a fair degree of difficulty in concentrating when I want to.
- D. I have a lot of difficulty in concentrating when I want to.
- E. I have a great deal of difficulty in concentrating when I want to.
- F. I cannot concentrate at all.

SECTION 2--Personal Care (Washing, Dressing, etc.)

- A. I can look after myself without causing extra pain.
- B. I can look after myself normally but it causes extra pain.
- C. It is painful to look after myself and I am slow and careful.
- D. I need some help, but manage most of my personal care.
- E. I need help every day in most aspects of self-care.
- F. I do not get dressed; I wash with difficulty and stay in bed.

SECTION 7--Work

- A. I can do as much work as I want to.
- B. I can only do my usual work, but no more.
- C. I can do most of my usual work, but no more.
- D. I cannot do my usual work.
- E. I can hardly do any work at all.
- F. I cannot do any work at all.

SECTION 3--Lifting

- A. I can lift heavy weights without extra pain.
- B. I can lift heavy weights, but it causes extra pain.
- C. Pain prevents me from lifting heavy weights off the floor but I can if they are conveniently positioned, for example on a table.
- D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- E. I can lift very light weights.
- F. I cannot lift or carry anything at all.

SECTION 8--Driving

- A. I can drive my car without neck pain.
- B. I can drive my car as long as I want with slight pain in my neck.
- C. I can drive my car as long as I want with moderate pain in my neck.
- D. I cannot drive my car as long as I want because of moderate pain in my neck.
- E. I can hardly drive my car at all because of severe pain in my neck.
- F. I cannot drive my car at all.

SECTION 4 --Reading

- A. I can read as much as I want to with no pain in my neck.
- B. I can read as much as I want with slight pain in my neck.
- C. I can read as much as I want with moderate pain in my neck.
- D. I cannot read as much as I want because of moderate pain in my neck.
- E. I cannot read as much as I want because of severe pain in my neck.
- F. I cannot read at all.

SECTION 9--Sleeping

- A. I have no trouble sleeping
- B. My sleep is slightly disturbed (less than 1 hour sleepless).
- C. My sleep is mildly disturbed (1-2 hours sleepless).
- D. My sleep is moderately disturbed (2-3 hours sleepless).
- E. My sleep is greatly disturbed (3-5 hours sleepless).
- F. My sleep is completely disturbed (5-7 hours sleepless).

SECTION 5--Headache

- A. I have no headaches at all.
- B. I have slight headaches which come infrequently.
- C. I have moderate headaches which come infrequently.
- D. I have moderate headaches which come frequently.
- E. I have severe headaches which come frequently.
- F. I have headaches almost all the time.

SECTION 10--Recreation

- A. I am able engage in all recreational activities with no pain in my neck at all.
- B. I am able engage in all recreational activities with some pain in my neck.
- C. I am able engage in most, but not all recreational activities because of pain in my neck.
- D. I am able engage in a few of my usual recreational activities because of pain in my neck.
- E. I can hardly do any recreational activities because of pain in my neck.
- F. I cannot do any recreational activities all.

SIGNATURE: _____

DATE: _____

DISABILITY INDEX SCORE: _____

Reference: © Vernon H. Mior S. The Neck Disability Index: A study of reliability and validity. J Manipulative Physiol Ther 1991;14:409-415.

South Shore Chiropractic, P.C.

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Farmingville, NY 11738
Telephone: (631) 732 - 1386
Fax: (631) 732 - 1544

1245 Montauk Highway
Mastic, NY 11950
Telephone: (631) 395 - 8520
Fax: (631) 395 - 8521

Date: _____

Patient: _____
Employer: _____
Claim Group: _____
SS# / ID#: _____

I hereby instruct and direct _____ Insurance Company to pay by check made out and mailed to:

South Shore Chiropractic, P.C.
700 Horseblock Road
Farmingville, NY 11738

OR

If my current policy prohibits direct payment to the doctor, I hereby also instruct and direct you to make out the check to me and mail it as follows:

South Shore Chiropractic, P.C.
700 Horseblock Road
Farmingville, NY 11738

For the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. This payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment.

A photocopy of this Assignment shall be considered as effective and valid as the original.

I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

I authorize the doctor to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Dated at _____ this _____ day of _____, 20____

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder