SUNSHINE CHIROPRACTIC CENTER

120 EAST OAKLAND PK BLVD SUITE 106 WILTON MANORS FL. 33334 LIKE US ON FACEBOOK! Facebook L

DR. BETH COOPER 954-390-0818

Patient's last name: First Middla: UMr. UMris UMris			45.00					_	1 11				VO. 533		1	
Mr. Mrs. M	G 11 11 11 11 1	ાત વિદ્યા	Disco	PATIE	NT IN	IFORMA	TION	4	3 11	Can	W.Sv.	E ROY		my Asi,	Lin.	
Domestic Partner	Patient's last name:	1 200	(Silley I	First:	Middle:		<u> </u>	□ Mr.		☐ Miss		Marital status (circle one)				
Social Security no.: Home phone no.:			1000					Mrs.	ПM	S.	Single Dome	e / Ma estic Pa	r / Div / artner	Sep /	Wid/	
Street address: Social Security no.:	s this your legal name?	If not, wh	at is your	legal namę?	(For	тег пате):			Bìrth d	ate:		Age:	Sex:		
Coly: State: ZIP Code:] Yes □ No		o yna bi	age after you b	els	applied to	+ 10	139.0	an.	darchi	$\leq I_{ij}$	155 [1715	⊐M		
Cell Phone #: Cily: State: ZIP Code: Cocupation:	Street address:	5		\$ 1	Julian K	Social Se	curity n	no.:	, 4, 66	919 0194	Home	phone	no.:		191	
Employer: Employer phone no.:	David Marie Contavo about	3		51-21 19 70	CAR L			la la	residue.		()				
Referred by: Dr. Insurance Plan Hospit	Cell Phone #:		City:	Real of the second	n physic	Fit -		State	- 6-	. 410		ZIP (Code:	100		
Referred by: Dr. Insurance Plan Hospit				AND T	white d	ā.				ek nou. 7	J			- (de an	
Family	Occupation:		Employer	:	organica diskira	C)			37,10	Charles III	Emplo	yer ph	one no.:		10.75	
Family	88 07 480			r -aks	ref. segie	41 2			TAVE	14,40	-()		3.6	3 34	
Other family	Referred by:			100	100	O Dr.				W.M.	01	กรมาสก	ce Plan	Он	spita	
Other family members seen here: Your email address:		□ Cla	ose to hom	ie/work0	 ⊃ Yello	w Pages		□ Ot	her *	45000	2			136		
Your email address:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							8.8	15 m 3/	1.178.0	1				3.	
Describe your chief complaint or problem	Programme Company of the Company of			-4	Coheren	000	211.22			ou er	ICALE	-	/ T	The second	-	
Have you had a prior diagnosis? Do you have any other health problems or conditions? Have you had chiropractic care before?? YES / NO Why did you stop: Do you have health insurance? YES / NO NAME OF INSURER: Are you here due to: wellness care on the job injury auto accident Have you ever had any falls, auto accidents or injuries?? YES / NO WHEN? Describe any surgeries you have had: List all medications/supplements and why you are taking them:	our email address:		+	15 0x00	Total Control	_ 00 10	אין טכ	EFER:	EIVIA	AIL PI	IONE	1 0/	2792			
To the second of				2. 181 Page 2022		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			hanke	ENGLES SAME			-	7 64-77		
Date (s) of Accident Type of Accident(s) Injuries Sustained	Do you have any other he Have you had chiropracti Do you have health insur Are you here due to: Have you ever had any fa Describe any surgeries yo	ealth price care lance? walls, autou have	roblems before? YES / vellness of to accide had:	or conditions?_ ? YES / NO NO NAME C carec ents or injuries?	OF INS	Why did URER: job injui S / NO	you st	top:	_aut	o accid	lent	-	14. 0	And the second s		
	Do you have any other he Have you had chiropracti Do you have health insur Are you here due to: Have you ever had any fa Describe any surgeries yo	ealth price care lance? walls, autou have	roblems before? YES / vellness of to accide had:	or conditions?_ ? YES / NO NO NAME C carec ents or injuries?	OF INS	Why did URER: job injui S / NO	you st	top:	_aut	o accid	lent	-	14. 0			
The first product of the control of	Do you have any other he Have you had chiropracti Do you have health insur Are you here due to: Have you ever had any fa Describe any surgeries yo List all medications/supp	ealth price care france? walls, autou have	roblems before? YES / vellness to accide had: ts and w	or conditions?_ ? YES / NO NO NAME Carecents or injuries? hy you are takin	OF INS	Why did URER: job injui S / NO	you st	WHE	_aut	o accid	lent		144 00 E			
The transfer of the control of the c	Do you have any other he Have you had chiropracti Do you have health insur Are you here due to: Have you ever had any fa Describe any surgeries yo List all medications/supp	ealth price care france? walls, autou have	roblems before? YES / vellness to accide had: ts and w	or conditions?_ ? YES / NO NO NAME Carecents or injuries? hy you are takin	OF INS	Why did URER: job injui S / NO	you st	WHE	_aut	o accid	lent		144 00 E			
And the country of the property of the property of the country of	Do you have any other he Have you had chiropracti Do you have health insur Are you here due to: Have you ever had any fa Describe any surgeries yo List all medications/supp	ealth price care france? walls, autou have	roblems before? YES / vellness to accide had: ts and w	or conditions?_ ? YES / NO NO NAME Carecents or injuries? hy you are takin	OF INS	Why did URER: job injui S / NO	you st	WHE	_aut	o accid	lent		144 00 E			
	Do you have any other he Have you had chiropracti Do you have health insur Are you here due to: Have you ever had any fa Describe any surgeries yo List all medications/supp	ealth price care france? walls, autou have	roblems before? YES / vellness to accide had: ts and w	or conditions?_ ? YES / NO NO NAME Carecents or injuries? hy you are takin	OF INS	Why did URER: job injui S / NO	you st	WHE	_aut	o accid	lent		144 00 E			
	Do you have any other he Have you had chiropracti Do you have health insur Are you here due to: Have you ever had any fa Describe any surgeries yo List all medications/supp	ealth price care france? walls, autou have	roblems before? YES / vellness to accide had: ts and w	or conditions?_ ? YES / NO NO NAME Carecents or injuries? hy you are takin	OF INS	Why did URER: job injui S / NO	you st	WHE	_aut	o accid	lent		144 00 E			
What is your understanding of chiropractic? NONE - SOME - A LOT	Do you have any other he have you had chiropraction you have health insurface you here due to: Have you ever had any face you ever had any face you ever had any face any surgeries you set all medications/supp Date (s) of Accide	ealth price care in ca	roblems before? YES / vellness of the accided to accided the accided to accide the accided to accided the accided to accided the accided t	or conditions?_ ? YES / NO NO NAME (carec ents or injuries? hy you are takin of Accident(OF INS	Why did	you st	WHEI	_aut	o accid	lent		144 00 E			