Belanger Body Care

4630 200th Street S.W. Suite M
Lynnwood, Washington 98036

Information Worksheet

Date: _____

Office Policy: I understand that I am financially responsible for all services if my Auto Insurance Carrier does not pay. Belanger Body Care will verify that the coverage is available, but it is ultimately my responsibility.

No Show Policy: Appointments cancelled or missed without 24 hours notice will be charged $50.00. The time set aside for your treatment is very important to us and our desire is to help you recover. We can not give your time slot to another patient without the appropriate notification time allowed. Consider that there are many other patients that would love to have your appointment time if you give us enough time to contact them.

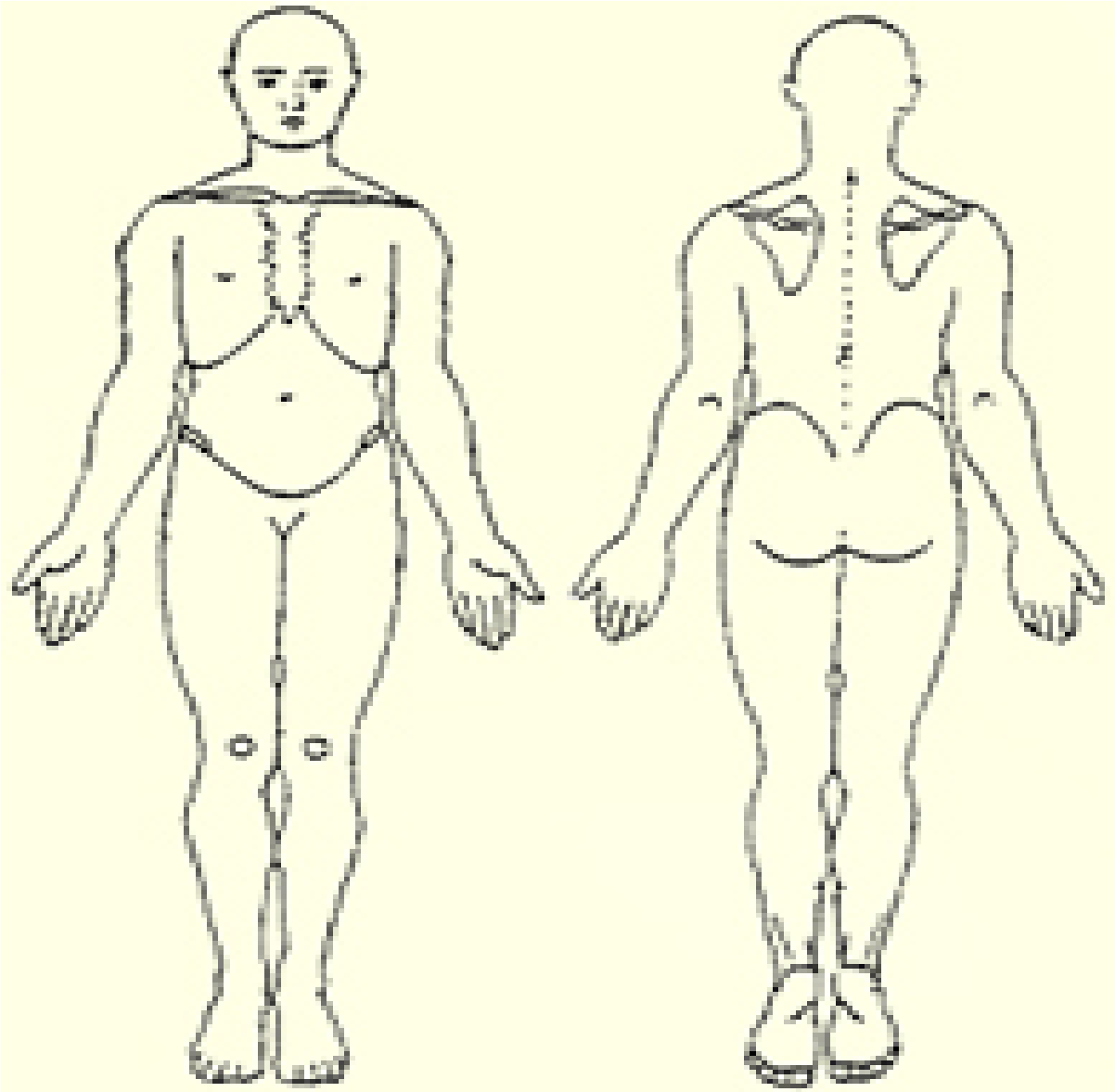
Information Worksheet

Patient Name: _____
Phone: _____ Fax: _____
Mailing Address: _____
City:_____ State: _____ Zip: _____

In your own words please describe the pain or discomfort your experiencing::
_____
_____
_____
_____

On the next page please circle all areas that are injured and indicate, to the best of your ability, what type of pain you are experiencing.

A = Ache
B = Burning
N = Numbness
P = Needles
S = Stabbing
O = Other



Please Rate your pain level – choose the number which best describes your pain.
(O = No Pain 10 = Unbearable)

Neck: 0 1 2 3 4 5 6 7 8 9 10 **At it's worst**

Upper Back: 0 1 2 3 4 5 6 7 8 9 10 **At it's worst**

Lower Back: 0 1 2 3 4 5 6 7 8 9 10 **At it's worst**

Office: 425-670-8851 Fax: 425-673-8630