ACU:FIT

Sports Acupuncture & Corrective Exercise | 4192 Oceanside Blvd, Suite 305, Oceanside, CA 92056

(760) 587-3662 • phil@acu-fit.com • acu-fit.com

PERSONAL INJURY NEW PATIENT INTAKE FORM

PATIENT INFORMATION

Full Name: _____ **Date of Birth:** _____

Address: _____

Phone: _____ **Email:** _____

Occupation: _____ **Employer:** _____

ACCIDENT / INCIDENT DETAILS

Date of Accident: _____ **Time:** _____

Type of Incident: _____

(Motor vehicle collision, e-bike/bicycle accident, slip-and-fall, pedestrian, workplace injury, other)

Location of Incident: _____

Police Report Filed? Y / N: _____ **Report #:** _____

Were you seen at an ER or Urgent Care? Y / N: ____

If yes, facility name: _____

LEGAL REPRESENTATION

Attorney Name: _____ **Law Firm:** _____

Attorney Phone: _____ **Attorney Email:** _____

Case Manager / Paralegal (if applicable): _____

Treating on a Lien Basis? Y / N: ____

INSURANCE INFORMATION

Auto Insurance Carrier: _____ **Policy / Claim #:** _____

Health Insurance Carrier: _____ **Member ID:** _____

Med-Pay Coverage Available? Y / N: ____

PRIOR TREATMENT SINCE THE ACCIDENT

- ☐ Chiropractic care
- ☐ Physical therapy
- ☐ Orthopedic / medical evaluation
- ☐ Imaging performed (X-ray, MRI, CT) — please list below
- ☐ No prior treatment received

Imaging / Provider Details: _____

CURRENT SYMPTOMS

Primary Area(s) of Pain: _____

Pain Level Today (0–10): _____ **Pain Level at Worst (0–10):** _____

Please describe how the injury has affected your daily activities, work, and sleep:

_____

RELEVANT MEDICAL HISTORY

Pre-existing conditions affecting neck/back/joints:

_____

Current medications: _____

Prior injuries to the same area: _____

PATIENT ACKNOWLEDGEMENT

I certify that the information provided above is accurate and complete to the best of my knowledge. I understand that Acu-Fit Sports Acupuncture & Corrective Exercise provides sports acupuncture, orthopedic acupuncture, and corrective exercise services, and that a separate Medical Lien Agreement is required prior to treatment on a lien basis for injuries related to a personal injury claim.

Patient Signature: _____ **Date:** _____