

Body Revive Chiropractic

info@ bodyrevivechiropractic.com

4132 Katella Ave. Suite 102

Phone: 562-596-9677

Loa Alamitos Ca, 90720

Fax: 562-795-6630

ANIMAL BITE HISTORY

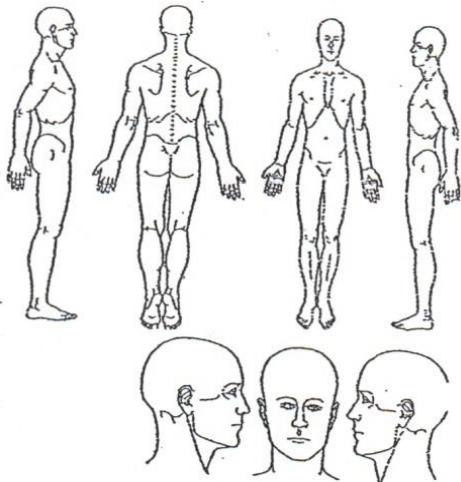
Name of Individual bitten: _____

Date animal bite occurred: _____ Approximate time occurred: _____

Hospital/Doctor/Urgent Care where seen: _____

Phone number of Hospital/Doctor/urgent Care where seen: _____

Location of Injury (Circle Area of Injury):



Description of Animal Contact:

___ No Skin Break

___ Scratch

___ Bite/ Puncture

___ Skin break requiring stitches

___ Other _____

What medical treatment was provided by Hospital/Doctor/Urgent Care:

- Wound cleaned with soap and water
- Disinfectant applied
- Tetanus immunization checked
- Tetanus immunization updated
- Post-Exposure rabies shots
- Victim cautioned about risk of infection
- Antibiotic Prophylaxis (not always indicated)

Are you presently taking any medications? Yes No

If yes, please list here:

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Type of animal you were bitten/scratched by:

- Dog- Breed: _____ Approximate Weight: _____ lbs
- Cat- Breed: _____ Approximate Weight: _____ lbs
- Bat
- Rabbit
- Raccoon
- Squirrel
- Other: _____

Symptoms you experienced after bite (Please check all that apply):

- Fever
- Redness
- Swelling
- Pain or tingling at site of bite
- Tenderness
- Nervousness
- Confusion
- Pus
- Infection
- Red Streaks
- Unable to move parts of body
- Other: _____

Animal was:

- Victim's household pet
- Acquaintance's pet
- Stranger's pet
- Stray
- Wild
- Unknown

Circumstances leading to bite/scratch:

- Situation resulting in bite was provoked
- Situation resulting in bite was unprovoked
- Unable to tell

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What happened with the animal after bite/scratch? (Please check all that apply):

- Uncertain
- Nothing
- Taken by animal control
- Tested for rabies (Results? ___ Positive ___ Negative ___ Unsatisfactory)
- Quarantined
- Returned home to owner
- Euthanized

Please provide your health insurance information below. We will also need to make a copy of the front and back of your insurance card, even if you are going through an attorney.

Insurance Company (Aetna, Anthem, etc): _____

Subscriber/Member ID Number: _____

Provider phone number from back of card: _____

Was a claim filed through any type of insurance policy? Yes No

If yes, please provide their contact info below.

Name of Company: _____

Adjuster Name: _____

Phone Number: _____

Claim Number: _____

Have you retained an attorney? Yes No

If yes, please provide their contact info below.

Attorney Name: _____

Attorney Address: _____

Attorney Phone Number: _____

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Notice of Doctor's Lien

Patient: _____ Date of Injury: _____

I do hereby authorize Body Revive Chiropractic to furnish you, my attorney, with a full report of examination, diagnosis, treatment, prognosis, etc., of myself in regard to the accident in which I was recently involved.

I hereby authorize and direct you, my attorney, to pay directly to said doctor such sums as may be due and owing him for the medical service rendered me both by reason of this accident and by reason of any other bills that are due his office and to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect and fully compensate said doctor. And I hereby further give a Lien on my case to said doctor against any and all proceeds of my settlement, judgment, or verdict which may be paid to you, my attorney, or myself; as the result of the injuries for which I have been treated or injuries in connection therewith.

I fully understand that I am directly and fully responsible to said doctor for all medical bills submitted by him for service rendered me and that this agreement is made solely for said doctor's additional protection and in consideration of his awaiting payment. And I further understand that such payment is not contingent on any settlement, judgment, or verdict by which I may eventually recover said fee.

This lien supersedes any type of pre-paid health insurance plan, which we may contract with. The balance due after payments from your insurance company must be paid from sums collected from any settlement, judgment, or verdict, which may be paid to you.

A photocopy of this lien will be considered as valid as the original. This lien is irrevocable and binding to any subsequent Attorney retained by the patient.

Dated _____ Patient's or Guardian's Signature _____

Please note: According to California law, it is unlawful to knowingly make a false or fraudulent claim. *Por favor note: de acuerdo con la ley de California, es ilegal hacer reclamo falso o fraudulento.

The undersigned being attorney of record for the above patient does hereby agree to observe all the terms of the above and agrees to withhold such sums from any settlement, judgment, or verdict, as may be necessary to adequately protect and fully compensate said doctor above-named.

Dated _____ Attorney Signature _____