

# Discovery Call

**Patient Name:**

**Date of Call:**

**Personal Information:**

- Age:
- Gender:
- Contact Number:
- Email Address:
- Address:

**Medical History:**

1. Previous Medical Conditions:

2. Current Medications:

3. Allergies:

4. Surgical History:

**Current Health Concerns:**

- Main Complaint:
- Symptoms:
- Duration of Symptoms:

**Lifestyle and Habits:**

1. Diet:

2. Exercise:

3. Sleep:

**Treatment Expectations:**

- Patient's Desired Outcome:
  
- Treatment Preferences:

**Insurance and Billing Details:**

- Insurance Provider:
  
- Policy Number:
  
- Billing Information:

**Additional Notes:****Next Steps:**

- Follow-up Appointment:

- Additional Tests/Examinations:

- Treatment Plan:

- Referrals: