



Confidential Patient Information

Legal Name _____

Birth Date ____/____/____ Today's Date ____/____/____

Address _____ City _____

State _____ Zip Code _____ Social Security # _____ - _____ - _____

Home # () _____ Work # () _____ Ext. _____

Beeper/Cell # () _____ E-Mail Address _____

Male _____ Female _____ Single _____ Married _____ Divorced _____
Widowed _____

Name of Spouse _____ # of kids _____

Names and ages of children _____

Occupation _____ Employer _____

Whom may we contact in the case of an emergency? _____

Emergency contact # (____) _____

Whom may we thank for referring you to our office? _____

Insurance Information

Name of Insured _____ Relationship to Patient _____

Insurance Company _____ Insured's Date of Birth ____/____/____

Insured's Social Security Number ____/____/____

Insured's Employer _____ Work # (____) _____

Please check if you are here for any of the following: Car Accident _____ Work Injury _____ Other _____

Purpose of your appointment (Briefly describe symptoms)

Date symptoms appeared or accident happened _____

Have you ever had the same or a similar condition? ___Yes ___No; If yes, when _____

List any operations you have had and dates _____

Have you ever seen a chiropractor? ___Yes ___No; Date of last physical exam _____

Doctor's name _____

Are you allergic to any medication? ___Yes ___No; If yes, please list medication

Are you taking any medication? ___Yes ___No; If yes, please list

medication_____

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. I understand that I am responsible for all costs of chiropractic care, regardless of insurance coverage. I also understand that if I suspend or terminate my schedule of care as determined by my treating doctor, any fees for professional services will be immediately due and payable. I understand that I will be financially responsible for all collection/legal fees incurred for the collection of any unpaid balance.

Patient's Signature **X** _____ Date _____