PATIENT INTRODUCTION

Date:_______________ **Patient #:**_______________

Patient Information

Name: ____ **Preferred Name:**_______________
(*Last, First, MI*)

Address: ______________________________**City:** _____________**State:** _____**Zip:** ___________

Mobile #: ( ) ________________ **Email Address:** ______________________________

Home #: ( ) ________________ **Sex:** ❑ Male ❑ Female

Work #: ( ) ________________ **Marriage Status:** ❑ Married ❑ Single ❑ Widowed ❑ Other:______

Ethnicity:_____________❑ Decline **SSN:**_______-_______-_________

Date of Birth: _____/_____/_______ **Age:** ________

Employment Status: ❑ Full-time ❑ Part-time ❑ Unemployed ❑ Student ❑ Retired

Occupation: __________________________ **Employer:** ______________________________

❑ Insurance ❑ Self-Pay/Cash ❑ Worker's Comp ❑ Personal Injury/Auto ❑ Other: _____________

Primary Insurance Holder: ❑ Self ❑ Other: (*Name, DOB, & SSN*) ______________________________

Name of Insurance Company: _______________ **Who is responsible for payment?** _______________

Referred By: (*Name*) ________________________ ❑ Friend ❑ Family ❑ Doctor ❑ Other: __________

Emergency Contact Information

Name of Spouse: ____________ **Spouse's Phone #:** ( )___________ **Does spouse see a chiropractor?:** _____

Children *living* with you: (*Names/Ages*)____

Have children been checked by a chiropractor? ❑ Yes ❑ No ❑ I don't understand why this is important

Nearest relative *not* living with you: _______________ **Phone #:** ( ) ____________ **Relation:** _________

Other Emergency Contact: _____________________ **Phone #:** ( ) ____________ **Relation:** _________

Primary Care Physician: _______________________ **Clinic:** ______________________________

It Is Usual And Customary To Pay For Services As Rendered Unless Otherwise Arranged.