



## Confidential Patient Information

Thank you for choosing our practice for your chiropractic needs. Please complete this form in ink. If you have any questions or concerns, do not hesitate to ask for assistance. We will be happy to help.

(Please Print)

Name \_\_\_\_\_ Date \_\_\_\_\_

First

Middle Initial

Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex:  Female  Male Birthdate \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_

Do you prefer to receive calls at:  Home  Work  Cell  No Preference

Married  Widowed  Single  Minor  Separated  Divorced  Partnered

Patient Employer/School \_\_\_\_\_ Occupation \_\_\_\_\_

Employer/School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse or Parent's name \_\_\_\_\_ Employer \_\_\_\_\_

Whom may we thank for referring you to us? \_\_\_\_\_ Family Physician \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## Insurance Information

Please check the type of insurance that applies to your case:

Auto Accident  Work Injury  Group  Medicare  Other

If Auto Accident or Work Injury: Date of Injury \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Name of employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group # \_\_\_\_\_

Insurance ID# \_\_\_\_\_

### Auto Accident/Work Injury/Medicare Patients Only

Do you have additional insurance? If so, complete the following:

Name of insured \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_ Date employed \_\_\_\_\_

Name of employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group # \_\_\_\_\_

Insurance ID# \_\_\_\_\_

## Expectations/Desires for Care

- Acute Care** (I am interested in relief from my current pain or condition only)
- Wellness Care** (I am interested in participating in care that helps me to remain healthy when I am no longer in acute pain)

In addition to my chiropractic care, I would be interested in utilizing the following additional methods of getting and staying healthy:

- Massage Therapy:** A helpful adjunct to your chiropractic care. Useful in treating and managing a number of different health conditions.
- Nutrition:** Attention to proper diet and supplementation needs can "Help your body to help itself"
- Exercise/Stretching:** It truly is "the best medicine". Exercise and stretching can be used to rehabilitate an injured area or to maintain and improve your health.