
PATIENT CONFIDENTIAL INFORMATION

1. Name _____
First Middle Last

2. Address _____
Street City State Zip

3. Home Phone _____ 4. Business Phone _____

5. Cell Phone _____ 6. Email _____

7. Age _____ 8. Date of Birth _____ 9. Gender _____ 10. Marital: S P M D W

11. Occupation _____ 12. Company /
Student FT/PT School Name _____

CASE HISTORY

13. Chief Complaint _____

14. Complaint result of: Auto Accident Injury Job Related Other

15. Date of accident/Injury/Other _____ / _____ / _____ Diagnosis Code _____ (office use only)

16. Have you seen any other doctor about this condition? _____ If yes, when? _____
Doctor's Name _____ Address _____

17. Have you had recent X-Rays? _____ If yes, when? _____ Area X-Rayed _____

18. Nearest relative not living with you _____
Address _____ Phone _____
Street City State Zip

19. In case of emergency, call _____

Name _____ Street _____ City _____ Phone _____

FINANCIAL ARRANGEMENTS

How do you plan to handle your account? (Check one) Cash Check Master Card Visa
(If by Check) Driver's License Number: _____

INSURANCE INFORMATION

Do you have personal, group health or accident insurance? _____ If yes, which company covers you? _____

Subscriber's Employer _____ Subscriber's Name _____
Subscriber's DOB _____ Name of Plan _____

I have read the above and below information and certify it to be true and correct to the best of my knowledge and belief and hereby authorize this office to do whatever is necessary, in accordance with state statutes, for the care and management of this complaint.

DATED _____ PATIENT'S SIGNATURE _____
(Parent's signature if patient is minor)

How did you hear about us? _____

Your appointment time is reserved specifically for you. In the event of a missed appointment or an appointment cancelled with less than 24 hours notice you will be charged for your visit. (please initial) _____

Most conditions require an average of 6-12 treatments, although some will respond well within 4-6 visits and others may require a longer series – this depends on the severity and the chronic nature of the chief complaint.

Payment is due at time of service. Cash, Check, Discover, MasterCard, Visa are accepted. \$25 charge on returned checks.