

# Patient Introduction

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address(Street, City, State& zip code): \_\_\_\_\_

Marital Status: ( ) Married ( ) Single ( ) Divorced ( ) Widow

Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Number of children \_\_\_\_\_ Names \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Previous Chiropractic Care: YES NO Doctor's Name: \_\_\_\_\_

How did you learn of our office? \_\_\_\_\_

Name of your insurance company: \_\_\_\_\_

**Does your insurance plan require that you get a referral from your PCP? YES/ NO**  
**Dr's name?** \_\_\_\_\_

Purpose for this appointment:  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the circumstances and what makes the condition (s) better or worse:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other doctor seen for this condition: \_\_\_\_\_

Have you been treated by a doctor for any other health condition in the past year?  Y  N

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Date of accident (please leave blank if there was not one): \_\_\_\_\_

How did accident occur?  Auto  On job  Other \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_

***It is usual and customary to pay for services as rendered unless otherwise arranged***