

ABSHIRE CHIROPRACTIC

CONFIDENTIAL PATIENT INFORMATION

Name: _____ Home Phone: _____

Reason For This Appointment: _____

Address: _____ City, State: _____ Zip: _____

Birth Date: _____ Age: _____ Martial Status: M S D W Number of Children: _____ Cell Phone: _____

Social Security No: _____ Drivers License No: _____

Occupation: _____ Employer: _____

Address: _____ Work Phone: _____

May we contact you at your place of employment: () Yes () No

Name of Spouse: _____ Spouse's Occupation: _____

Spouse's Employer: _____ Spouse's Work Phone: _____

Patient's Nearest Relative: _____

Relationship: _____

Address: _____ City, State: _____ Zip: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Referred to Our Office By: _____ Year of Last Physical Exam: _____

Other Doctor's Seen For This Condition: _____

Have You Been Treated For Any Other Health Condition By A Physician In The Last Year? () Yes () No

Describe: _____

Remarks or Additional Information: _____

PAYMENT IS EXPECTED AT TIME OF VISIT.

Person Responsible For Payment: _____

Are You Insured: () Yes () No Company: _____

Social Security Number of Insured: _____

PLEASE LET US KNOW IF YOU HAVE A SECONDARY INSURANCE COMPANY.

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that **ABSHIRE CHIROPRACTIC** will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to **ABSHIRE CHIROPRACTIC** will be credited to my account upon receipt. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable.

Patients Signature: _____ Date: _____

Guardian or Spouse's Signature: _____ Date: _____