CONFIDENTIAL PATIENT INTRODUCTION

Name_____ Home Phone ( )_____ Work Phone ( )_____
Address_____ City, State_____ Zip_____
Email _____May I add your email to my mailing list? _____
Age___ Date of Birth_____ Social Sec. # _____ Marital Status M S W D Other
Do you have children? Y N If so, list ages_____
Occupation_____ Employer_____
Work Address_____
Person to contact in case of emergency_____ Phone_____
Who referred you to our office?_____

Is your current condition due to a work injury? Y N An auto or other accident? Y N
Date of onset of injury/condition_____
Has an attorney been consulted? Y N If so, please give Name_____
Have you missed work due to your condition Y N Dates missed:_____

Are you insured? Y N Is the insurance in your name? Y N If not, what is the insured's name?_____What is the insured's relationship to you?_____
Insured Social Security #_____ Insured's Date of Birth_____
Are you on Medicare? Y N <u>If so, please see staff for information.</u>

AUTO/WORK COMP INSURANCE (if applicable)
Insurance Company_____Claim #_____ID#_____
Insurance Company Address_____Phone_____

HEALTH INSURANCE (Please complete even if visits are to be covered by other insurance)
Insurance Company_____Group #_____ID#_____
Insurance Co. Address_____Phone_____

PAYMENT IS EXPECTED AT TIME OF VISIT! (Does not apply to PA Auto Insurance, PA Worker's Compensation, and some health insurance policies Please check with staff.) I understand and agree that health and accident insurance policies are between the insurance carrier and myself. Furthermore, I understand that chiropractic office will prepare any necessary reports and assist me in making collections from the insurance company and that any amount authorized to be paid directly to this chiropractic office will be credited to my account upon receipt. However, I clearly understand and agree that all services rendered 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 me will be immediately due and payable.

_____ _____
Signature Date
