

CHIROPRACTIC REGISTRATION INFORMATION

1 PATIENT INFORMATION

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____

Cell Phone _____ Carrier _____

Email _____

Sex: M F Age _____ Birthdate _____

Single Married Widowed

Separated Divorced

In case of emergency, contact: _____

_____	Name				
_____	Relationship	_____	Phone		
_____	Address	_____	City	_____	State

Social Security #: _____ - _____ - _____

Driver's License #: _____

Occupation: _____

Employer: _____

Employer's Address: _____

Spouse's Name: _____

Spouse's Occupation: _____

Spouse's Employer: _____

Whom may we thank for referring you? _____

2 INSURANCE

Person responsible for payment: _____

Relationship to patient: _____

Are you insured? Yes No

Health insurance name: _____

Insurance Co's Phone: _____

Insurance Co's Address _____

Policy holder's name: _____

Birthdate: _____ SS#: _____

Relationship to patient: _____

Group #: _____

Is patient covered by additional insurance? Yes No

Company name: _____

Policy Holder: _____

SS# _____

Group #: _____

3 ACCIDENT INFORMATION

Is condition due to an accident? Yes No

Type of accident: Auto Work Other

To whom have you reported it?

Auto ins. Employer Other _____

Attorney (if applicable) _____

4 PAYMENT IS EXPECTED AT THE TIME OF VISIT

I understand and agree that health and accident insurance policies are an agreement between an insurance carrier and myself. Furthermore, I understand that Peterson 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 Peterson Chiropractic will be credited upon receipt, however, I clearly understand and agree that any 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 services rendered me will be immediately due and payable.

Patient's signature _____ Date _____

Guardian's Signature _____ Date _____