

Mountain Top Chiropractic and Nutrition Center
1802 A Meriden Road
Wolcott, CT 06716

CHIROPRACTIC REGISTRATION FORM

Date: _____ Reason For Visit: _____

Patient: _____ Birth Date: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Sex: ☐ M ☐ F Are you pregnant? ☐ Yes ☐ No Due Date: _____; ☐ Single ☐ Married ☐ Other

Do you have a Primary Care Physician? ☐ Yes ☐ No Name: _____

Would you like us to send reports to your Primary Care Physician? ☐ Yes ☐ No

Patient SS#: _____

Occupation: _____

Employer: _____

Employer Address: _____

Employer Phone: _____

Spouse's Name: _____ Birth Date: _____

Spouse's SS#: _____

Spouse's Occupation: _____

Spouse's Employer: _____

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

INSURANCE:

I, the undersigned certify that I (or my dependent) have insurance coverage with _____
(Insurance Company)

and assign directly to Dr. Mike Swierczynski all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctors to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature: _____ Date: _____

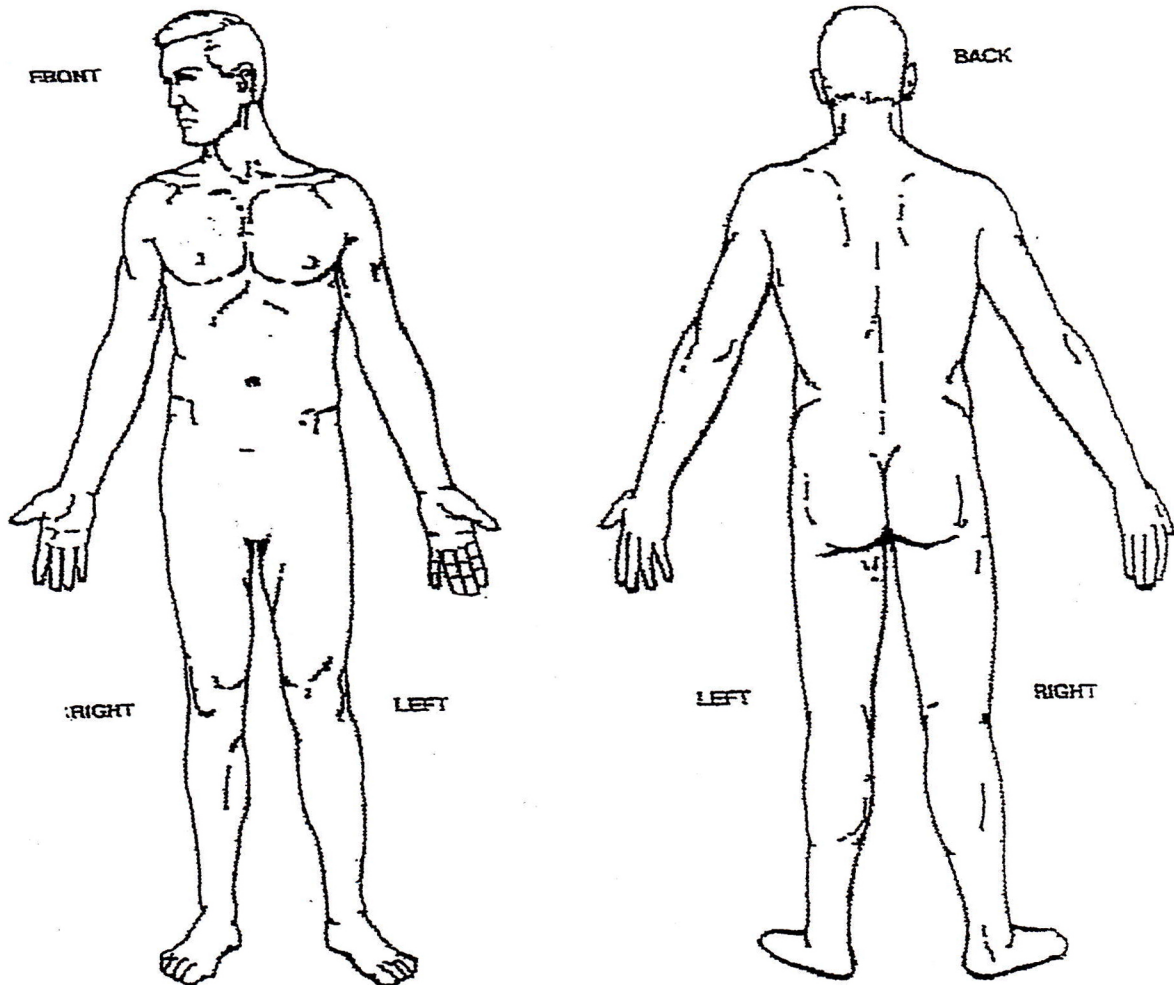
Relationship: _____

PAIN DRAWING

Name: _____ Date: _____

Mark the areas on your body where you feel any of the following sensations:

Aches: ^^^^ Numbness: ooo Pins and Needles *** Burning: xxxx Stabbing: ///// Other: Δ Δ Δ



Indicate the severity of your pain by marking an "X" at the appropriate point on the pain line:

How bad is your Neck Pain	0 _____ 10
	No Pain Worst Possible
How bad is your Upper Back Pain	0 _____ 10
	No Pain Worst Possible
How bad is your Mid Back Pain	0 _____ 10
	No Pain Worst Possible
How bad is your Lower Back Pain	0 _____ 10
	No Pain Worst Possible
How bad is your Arm Pain	0 _____ 10
	No Pain Worst Possible
How bad is your Leg Pain	0 _____ 10
	No Pain Worst Possible