PATIENT INTRODUCTION CARD

(Please Print) **Date**.....

Name..... **Social Security #**.....

Address..... **City**..... **State**..... **Zip**.....

Home Phone..... **Cell Phone**..... **E-Mail Address**.....

Birth date..... **Age**..... ☐ **Male** ☐ **Female** **No. of children**.....

Occupation..... ☐ **Married** ☐ **Single**

Employed by..... **Business Phone**.....

Address..... **City**..... **State**..... **Zip**.....

Name of Spouse (or parent, if minor)..... **Occupation**.....

Address (if different)..... **City**..... **State**..... **Zip**.....

Referred by.....

Have you had chiropractic care before?..... **When?**..... **For What?** .....

Do you have health insurance?..... **What company?**.....

Address..... **Policy Number**.....

Primary Care Physician's Name..... **Address**.....

Would it be OK to keep your primary care physician informed of your care here? ☐ **Yes** ☐ **No**

Please present insurance card to receptionist when handing in paperwork. Thank you.

FEES ARE PAYABLE WHEN SERVICE RECEIVED UNLESS SPECIAL ARRANGEMENTS ARE MADE

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