

PATIENT INFORMATION/APPLICATION FOR CARE

The following information is needed in order to better serve you. Please complete all questions.

Today's Date _____

Name _____ Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Age _____ Birth date _____ Marital Status: _____ Number of Children _____

E-Mail Address _____ Work Phone _____

Your Employer _____ Occupation _____ Years on Job _____

Employer Address _____ City _____ State _____ Zip _____

Insurance Company _____ Your SS # _____

Do you have Medicare? _____ Do you have Medicaid? _____

Name of Spouse or Parent _____ Birthdate _____

Spouse Employed By _____ Occupation _____ Years On Job _____

Employer Address _____ City _____ State _____ Zip _____

Work Phone _____ Spouse's SS# _____

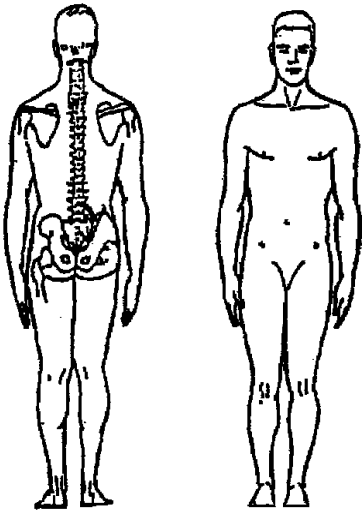
Does your spouse have health insurance at work? _____

COMPLETE THESE DIAGRAMS

If you are in pain, please mark the exact location of your pain on the diagram. Also describe the type and frequency of your pain, as well as any activity which brings on or aggravates the pain. For example; dull, sharp, consistent, off & on, when standing, when sitting, etc.

MAJOR COMPLAINTS

(Please list any condition you are being treated for or are experiencing.)



Referred to our office by: _____

How payment will be made today: _____

Type of Insurance: _____

Is your condition due to an accident? _____

Date of Accident _____

Type of accident? _____

Have you ever been in an auto accident? _____

I (we) agree to pay for services rendered to the above mentioned patient as the charge is incurred. I understand and agree that health & accident insurance policies are an arrangement between an insurance carrier and myself and that I am personally responsible for payment of any and all services covered or not covered. I also understand that if I suspend or terminate my care and treatment, any fee for professional services rendered me will be immediately due and payable.

Patient's Signature _____ Date _____

Or Guardian Signature _____ Date _____

Notice to our new patients: Full payment for services rendered is due at the end of each visit. If for any reason this request cannot be met, arrangements should be made in advance before seeing the doctor. Insurance cases: On all insurance assignments, the deductible should be met in the beginning unless prior arrangements are made.