HOU TUOSA	
Today's Date:/ File #:	
Patient Name:	INCHARACE INFO
What You Prefer To Be Called:	INSURANCE INFO
Birthdate: / / Age: SS#:	Primary Insurance
Mailing Address:	Co. Name:
Mailing Address	Address:
CITY STATE ZIP	CITY STATE ZIP
Home Phone #:	- 1 2
Work Phone #: Ext:	
Other Phone #s:	Insured's SS#:
E-mail Address:	Group # (Plan, Local, or Policy #):
Referred By:	Insured's Name:
Employer:How Long?	Relation: Date of Birth:/_ /
Employer's Address:	Insured's Employer:
CITY STATE ZIP	Secondary Insurance
Occupation:	Co. Name:
Status: Minor Single Married Divorced Separated Widowe	ed Address:
Spouse's Name:	CITY STATE ZIP
Do you have children? □ Yes □ No How many?	Phone #:
	Insured's SS#:
7 Republication of the second	Group # (Plan, Local, or Policy #):
ACCOUNT INTO WAY	Insured's Name:
Person ultimately responsible for account	Relation:Date of Birth:/
Name:	Insured's Employer:
Relation:	
Billing Address:	
Billing Address.	
CITY STATE ZIP	IN EVENT OF EMERGENCY
SS #:	no should we contact?
Drivers License #:	
Mark Phone #:	lation:
Payment method: Cash Check	me Phone #:
Wo	ork Phone #:
☐ Credit Card - Enter card # above (if accepted) Wh	no is your Medical Doctor?
	D.'s Phone #:
Initials rights and benefits directly to the provider for services rendered. I fully understand I am solely responsi-	
ble for any balance not paid by my insurance company	
(if offered at this office).	HOTOLOGICAL HINTINIT ON PUCH

PLEASE CONTINUE ON BACK

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Are you	in pain: Ye	risit: Emergend s	our pain with the	following so	ale: discomfort ; 2	3 4 5 6	7 8 9 10	intense
When d	id your condit	ion/accident occu	ır?/_/	Where did y	our injury occur?			
	explain what							
		tting worse? \(\sigma\) erfering with you						
Elika Brogger v. 1 As	is or somethir No Explai	ng similar happer in:	ned in the past?	Sent	2	2	> {	2
all aff Have ye	ected areas	nt body charts, i. d by a Medical Phys o If so, where?			Ten ()	w w	A Committee of the comm	J. Jaw
THE REPORT OF THE PARTY OF THE	ou ever been tr	eated by a Chiropra	actor? 🗆 Yes 🗅 No		right	t left	right	
	phone#:	•	BALL BALL BALL	6		00	<	
Ans			Version of State	Right	Front	Back		.eft
☐ Blood Thinners	☐ Tranquilizers	e following me	er(s)		☐ Pain killers(includ	ling aspirin) 🗖 Mu	uscle relaxers	
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