

Clinic ID: \_\_\_\_\_ Date: \_\_\_\_\_



**Patient Information:**

Name: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_  
Work \_\_\_\_\_ E-mail: \_\_\_\_\_

Past Chiropractic Care?  Yes  No Referred by: \_\_\_\_\_

**Personal Information:**

DOB: \_\_\_\_\_ Sex:  Male  Female SSN: \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Divorced

Spouse: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

**Patient Employment:**

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Privacy Policy:**

At Nafziger Family Chiropractic, all health information is considered confidential and we are careful how we use it. Please know that your health information will only be shared to process any insurance claims. We will request permission from you prior to any other release of records. If you would like a formal copy of the Notice of Privacy Practices, please ask.

Further, we may use information from your file for Chiropractic research. This will be done in an anonymous manner. If you do not want to be included in any case studies, please let us know.

\_\_\_\_\_  
Patient/guardian signature

\_\_\_\_\_  
Date