

Chiropractic and Massage Registration

Patient Name: _____ Date: ____ / ____ / ____

Street Address: _____ Cell Phone: ____ - ____ - ____

City: _____ State: _____ Zip code: _____ Home Phone: ____ - ____ - ____

Date of Birth: ____ / ____ / ____ Sex: Male ___ Female ___ Email: _____

Occupation: _____ Employer: _____

Primary Doctor: _____ MD Clinic: _____

Emergency Contact: _____ Emergency Contacts Phone: ____ - ____ - ____

Marital Status: Single ___ Married ___ Spouse's Name: _____ Phone Number: ____ - ____ - ____

How did you hear about us? I have been a past patient ___ Referred by: (Name) _____

Sign/location ___ Internet ___ Other _____

Insurance Coverage Do you have insurance? ___ Yes ___ No (If yes please provide a card for us to photocopy)

	Primary Insurance Provider	Secondary Insurance Provider
Insurance Company		
Policyholder Name		
Policyholder Relationship to you		
Policyholder Date of Birth		
Policyholder Employer		

Assignment and Release: I certify that I, and /or my dependant(s), have insurance coverage with _____

And assign directly to Dr. Denn 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 authorize the use of my signature on all insurance submissions.

The above-named doctor may use my health care information and may disclose such information to the above-named insurance company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

Date: ____ / ____ / ____

Patient Signature: _____ Patient Printed Name: _____

Authorization to Treat a Minor

I hereby represent the above named patient as a MINOR and give authorization for full chiropractic care and treatments. I agree to be financially responsible for services rendered to the minor listed above.

Parent/Guardian Signature: _____ Relationship: _____ Date: ____ / ____ / ____

Witnessed by: _____ Date witnessed by: ____ / ____ / ____