INFORMATION/APPLICATION FOR CARE

The following information is needed in order to better serve you. Please complete all questions. If you need help please ask the front desk. **PLEASE PRINT**

Today's Date _____

Name _____ Home Phone _____ Work Phone _____

Address _____ City _____ State _____ ZIP _____

Age* Birth date ____*____-____-____ e-mail _____ M/F # of Children _____

Name of Spouse/Parent/Guardian _____ Age/Birthdate ____/_____

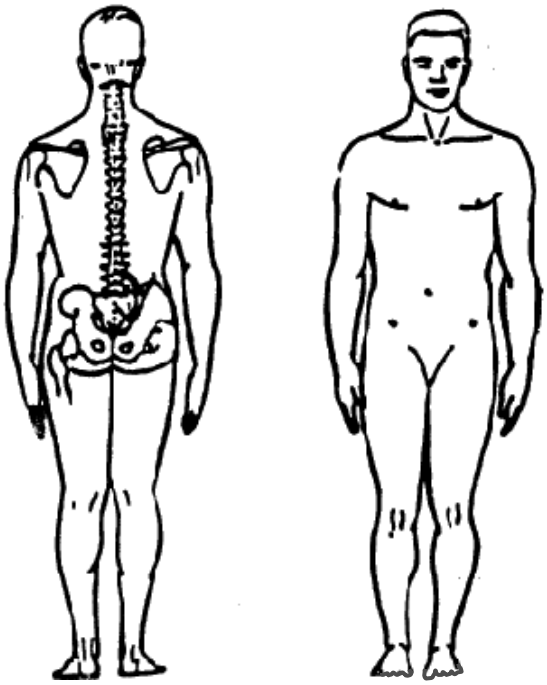
Occupation _____ Years on Job _____ Employer _____

Employer Address _____ City _____ State _____ ZIP _____

Spouse Employed By _____ Occupation _____ Years on Job _____

Employer Address _____ City _____ State _____ ZIP _____

Office Phone _____ Spouse e-mail _____



COMPLETE THESE DIAGRAMS

Please mark the exact location on the diagrams of your pain or discomfort. Also mark next to your location(s) the type: A=achy, P=pain, T=tingle, N=numbness. Also rate between 1-10 with 10 being the worst it has ever been.

MAJOR COMPLAINTS

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

_____

_____

_____

_____

_____

Referred to our office by:

Is your condition due to an accident? Yes ☐ No ☐ Date of Accident _____

Type of Accident? Auto ☐ Work/On Job ☐ At Home ☐ Other _____

Have you ever been in an Auto Accident? Past Year ☐ Past 5 Years ☐ Over 5 Years ☐ Never ☐

Please Circle Payment Type: CASH CHECK MASTER CARD/VISA AMEX

I (we) agree to pay for services rendered to the above noted patient as the charge is incurred. I understand and agree that health & accident insurance policies are an agreement 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 if I suspend or terminate my care and treatment, any fee for professional services rendered me will be immediately due and payable.

Patients Signature _____ Date _____

or Guardian Signature _____ Date _____

Full payment for services rendered is due at the end of each visit. If for any reason this request can not be met, arrangements should be made in advance before seeing the doctor.