

Cousineau Chiropractic  
14550 King Rd  
Riverview Mi 48193

# Cousineau Chiropractic Life Center, P.C.

734-479-1880

**WELCOME TO OUR OFFICE!**  
It is an honor to be of service to you.  
Please complete the following confidential patient health record.

## Patient Information

Date: \_\_\_\_\_ Patient ID Number \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Your Employer \_\_\_\_\_  
Email Address: \_\_\_\_\_ Your Soc. Sec. # \_\_\_\_\_  
Have you ever been to a chiropractor?  Yes  No If yes, when was your last visit? \_\_\_\_\_

Your Status:  
 Employed  
 Unemployed  
 Retired  
 Full Time Student

Your Status:  
 Married  
 Single  
 Widowed

### Referral:

Mail  Newspaper/TV  
 Phone Book  Speaking Engagement  
 Expo  Former Patient  
 Walk In  Patient/Friend

Whom may we thank for referring you to us?  
\_\_\_\_\_

I am here to see Dr.:

Henry J. Cousineau, D.C.  Nicole R. Cousineau, D.C.  
 Kristin J. Cousineau, D.C.  Joseph A. Shusteric, D.C.

Race \_\_\_\_\_

### Ethnicity:

Caucasian  
 Hispanic  
 Latino  
 African American  
 Other \_\_\_\_\_

Language preference  
\_\_\_\_\_

## Insurance Information

Name of Primary Insurance Carrier \_\_\_\_\_  
Insured's Name & Address (if other than self): \_\_\_\_\_  
Patient Relationship to the Insured:  Self  Spouse  Dependent  Other  
Insured's Birthdate (if other than self): \_\_\_\_\_ Insured's Soc. Sec. # \_\_\_\_\_  
Insured's Employer \_\_\_\_\_ Retired? Y N  
**DO YOU HAVE A HEALTH SAVINGS ACCOUNT? Yes \_\_\_ No \_\_\_**  
 Flex Spend Account  Health Savings Account (HSA)  HRA  EHIM  MEBS (Messa)  
Please provide us with any additional information we may need.

Name of Secondary Insurance Carrier \_\_\_\_\_  
Insured's Name & Address (if other than self): \_\_\_\_\_  
Patient Relationship to the Insured:  Self  Spouse  Dependent  Other  
Insured's Birthdate (if other than self): \_\_\_\_\_ Insured's Soc. Sec. # \_\_\_\_\_  
Insured's Employer \_\_\_\_\_ Retired? Y N