



Full Names: _____ Date: _____
Address: _____ City: _____ Postal Code: _____
Phone: Home: _____ Business: _____ Cell: _____
Date of Birth (dd/mm/yyyy): _____ CareCard Number: _____
Occupation: _____ Email Address: _____
How did you hear about our office? _____

Is this a result of a workplace injury or car accident? Yes No

If yes, please provide a description of the accident, injury onset in the space below. If you need more space, see the front desk.

What brings you to our office?

(Enter a full description of the accident, injury or onset in the space below. If you need more space, see the front desk)

What medications or supplements are you taking?

Name: _____

Date _____

Insurance/ Extended Benefits Policy

As part of our service to you, we will submit a claim on your behalf. Once we receive payment, we will credit your account.

We make every effort to submit your claim in timely a manner, this is typically 1-3 days. Your insurance carrier can then take up to 1 month to process the claim. Unfortunately, we are unable to see coverage limits, deductibles or other plan details. This can lead to a balance owing on your account for services already provided.

This balance is your responsibility and will remain outstanding on your account.

If you have any questions or concerns, please see one of the Chiropractic Assistants at the front desk.

Patients Signature: _____ Date: _____

Guardian Signature: _____

Pregnancy Release

This is to certify that to the best of my knowledge I am not pregnant and Dr. Morgan has my permission to perform an X-ray evaluation as required. I have been advised that an X-ray can be hazardous to an unborn child.

Date of last menstrual period: _____

Patients Signature: _____ Date: _____

Guardian Signature: _____

Cancellation Policy

If you are unable to make your appointment, we require 24 hours' notice. Please call our office to cancel or rebook your appointment.

Missed Chiropractic appointment \$25

Patients Signature: _____ Date: _____

Guardian Signature: _____