



PATIENT REGISTRATION

Name: (Last) _____ (First) _____ (MI) _____ (Jr., Sr., etc.) Sex: M or F
 Street Address: _____ Apt./Space: _____
 City: _____ State: _____ Zip Code: _____
 Date of Birth: _____ Marital Status: _____

CONTACT INFORMATION (Check the box next to the best contact number)

Home phone: _____ Work Phone: _____ Cell Phone: _____
 Email address: _____
 EMERGENCY CONTACT: _____ Relation: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

PARENT / RESPONSIBLE PARTY FOR PAYMENT: _____ Date of Birth: _____
 Address: (If different from above) _____
 City: _____ State: _____ Zip Code: _____ Phone: _____

INSURANCE INFORMATION

Primary Ins: _____ Insured Name: _____ DOB: _____
 Secondary Ins: _____ Insured Name: _____ DOB: _____
 On the job injury? YES NO
 Worker's Comp Insurance Co. _____ Date of Injury: _____ Claim #: _____ Adjuster's Name _____
 Auto Accident? YES NO _____ Date of Injury: _____ Claim #: _____ Adjuster's Name _____
 Attorney's Name: _____ Attorney's Phone: _____

PREVIOUS THERAPY INFORMATION

Have you received any other Therapy Services this calendar year? YES NO
 Have you received, or are you currently receiving Home Health Therapy? YES NO
 If yes, please provide dates: _____ and the name of Home Health Agency: _____
 Have you received, or are you currently receiving Chiropractic Treatment? YES NO

I hereby authorize payment of medical benefits to _____, for services furnished to me. I also hereby consent to have treatment and care as prescribed by my physician and / or recommended by the therapist. I also authorize the therapist to release any information in the course of my examination or treatment. This assignment will remain in effect until revoked by me in writing. A photocopy is to be considered as valid as the original. I HEREBY ACCEPT FINANCIAL RESPONSIBILITY FOR ALL CHARGES INCURRED WHETHER OR NOT I HAVE INSURANCE COVERAGE. VERIFICATION OF BENEFITS WE RECEIVE FROM YOUR INSURANCE COMPANY IS NOT A GUARANTEE OF PAYMENT.

 Patient or Responsible Party Signature

 Date