



Application For Treatment

Date: _____ (Please Print Clearly)
Name: _____ Age: _____ Birthday Date: _____
If minor, name of Mother: _____ Father: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone Number: _____ Work: _____
Cell Phone Number: _____ E-Mail: _____
Occupation: _____ Employer: _____
How were you referred to our office?: _____

General Health History

Have you been treated for any health condition by a physician in the last year? _____ Yes _____ No
If yes, explain: _____
Have you previously received Chiropractic treatment? _____ Yes _____ No
If yes, list dates consulted and for what problems: _____

Are you pregnant? _____ Yes _____ No
Check off the drugs you are now taking: _____ Nerve Medication _____ Pain Killers _____ Muscle Relaxers
_____ Blood Pressure Medication _____ Insulin _____ Birth Control Pills _____ Tranquilizers _____ Diet Pills
_____ Sleeping Pills _____ Antidepressants _____ Other (please list) _____
List the approximate dates of any operations, unusual diseases, serious accidents you have had (include any broken bones): _____

Have you ever been in an automobile accident? _____ Past Year _____ Past 5 Years _____ Over 5 Years

Financial Responsibility

Who is responsible for your bill? _____ Self _____ Employer _____ Insurance _____ Other: _____
Type of Insurance: _____ Health Insurance _____ Workers' Compensation _____ Auto Insurance
Insurance Company Name and Address: _____

If insurance is in any name other than yourself, please provide name and date of birth of insured:

Is there any secondary policy that you have health insurance through? _____ Yes _____ No
If yes, please provide insurance company's name and address and insured's name, address and date of birth:

Fees are payable at the time Examinations, X-Rays, and Treatments are received, unless other arrangements have been made in advance. X-rays remain the property of this office. I hereby give permission for treatment.

Patient Signature: _____

Social Security Number: _____ - _____ - _____

Date: _____