NEW PATIENT INFORMATION

Welcome to our office! Please complete all questions.

Name:		Date:
Address:	City/State/ZIP:	
Home Phone:	Work Phone:	Cell Phone:
Birth date:	Age:	Social Security #:
Marital Status: M W D S O		Email:
Your Employer:		Occupation:
Spouse's Name:		Spouse's Employer:
Children's Names and Ages:		
Favorite Hobbies or Interests:		
Method of Payment for First Visit: Cash Check Credit Card		

Current health complaints/reasons for consulting our office:

1. _____
2. _____
3. _____
4. _____

Who may we thank for referring you? _____

Have you ever seen a chiropractor before? _____

If so, for how long? _____

Is this the result of an auto or work injury? _____ If so, when? _____

Father, mother, brother, sister, children with similar problems? _____ If so, who?

Other doctors you have seen for this problem: _____

Surgeries you have had: _____

Medications you currently take: _____

Is there any chance you are pregnant? _____

Have you ever been diagnosed with cancer? _____ If so, what kind?_____

Do you have health insurance? _____ Name of company: _____

1. All first visit charges are payable when services are rendered.

2. The fee paid for treatment x-rays is for analysis only. The film itself is the property of this office. Once films are used for treatment purposes they cannot be released.

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and me. Furthermore, I understand Creedmoor Wellness Center will prepare any necessary reports and forms to assist me in making collections from the insurance company and that any amount authorized to be paid directly to Creedmoor Wellness Center will be credited to my account upon receipt. **However**, I clearly understand and agree that I am personally responsible for payment.

In case of emergency, please notify:_____
Name of nearest relative not living with you

_____ _____
Relationship Address

(_____)_____
Phone

The above information is true and accurate to the best of my knowledge.

Patient or Guardian Signature:_____Date:_____