

W E L C O M E

"The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet, and in cause and prevention of disease."

Thomas Edison

Patient Information:

Thank you for choosing our practice for your chiropractic needs. Please complete this form in ink. If you have any questions or concerns, do not hesitate to ask for assistance. We will be happy to help.

(Please Print)

Name: _____ Date: _____ SS/HIC/Patient ID#: _____
First Middle Initial Last

Address: _____ City: _____ State: _____ Zip: _____

Sex: Female Male Birth Date: _____ E-Mail: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Do you prefer to receive calls at: Home Work Cell No Preference

Married Widowed Single Minor Separated Divorced Partnered for ____ years

Patient Employer/School: _____ Occupation: _____

Employer/School Address: _____ City: _____ State: _____ Zip: _____

Spouse or Parent's Name: _____ Employer: _____ Work Phone: _____

Whom May We Thank For Referring You To Us? _____

Person to Contact in Case of Emergency: _____ Phone: _____

Responsible Party:

Name of Person Responsible For This Account: _____

Relationship to Patient: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Employer: _____ Work Phone: _____

How Did You Hear About The Chiropractic and Acupuncture Wellness Center?

_____ Friend / Relative

_____ Advertisement / Town And Country

_____ Advertisement / Shopper's Guide

_____ Website

_____ Other