

# Patient Introduction Card

No. \_\_\_\_\_ Date: \_\_\_\_\_

Name (Mr. Mrs. Miss Ms.): \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Email Address (ex: name@email.com): \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Married  Single  Other: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Office Address: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

Previous Chiropractic Care?  YES  NO If YES, Doctor's Name: \_\_\_\_\_

Name of your Insurance Company: \_\_\_\_\_

Major Complaint: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Who (or what source) referred you? \_\_\_\_\_

*It is Usual and Customary to Pay for Services as Rendered Unless Otherwise Arranged.*