

# PATIENT INTRODUCTION CARD

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

Name ( Mr. Mrs. Miss Ms. ): \_\_\_\_\_ Phone (Home): \_\_\_\_\_  
(Last, First, MI)

Address: \_\_\_\_\_  
(City) (State) (Zip)

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

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

Previous Chiropractic Care? \_\_\_\_\_ Yes \_\_\_\_\_ No 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*