

# PATIENT INTAKE FORM

## ANDERSON CHIROPRACTIC PC

### PATIENT INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex:  M  F Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Single  Married  Widowed  Separated  Divorced

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

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

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Birthdate: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

\_\_\_\_\_

### INSURANCE

Who is responsible for this account? \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Birthdate (if not self) \_\_\_\_\_

Insurance Co. (please provide card) \_\_\_\_\_

Is patient covered by additional insurance?  Y  N

Insurance Co. (please provide card) \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

### ASSIGNMENT AND RELEASE

I, the undersigned certify that I (or my dependent) have insurance coverage with \_\_\_\_\_

and assign directly to Anderson Chiropractic PC all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Signature \_\_\_\_\_

### CONTACT INFORMATION

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

Best time and place to reach you: \_\_\_\_\_

Would you like to receive our health newsletter via email?  Y  N

### IN CASE OF EMERGENCY, CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### ACCIDENT INFORMATION

Is condition due to an accident?  Y  N

Date of accident: \_\_\_\_\_

Type of accident:  Auto  Work  Other

To whom have you made a report of your accident?

Auto Insurance  Employer  Other

Attorney Name (if applicable) \_\_\_\_\_

