

Patient#		Date
Classification		SS#
Name	Date of Birth	
Address	City/State/Zip	
Email		
Telephone: Home	Work	
Place of Employment		Occupation
Married Single Divorced	Widow(er)	# of Children
Spouse's Name	Place of Employment	
Emergency Contact: Name	Phone	Relationship
How did you hear about our office?		
We will provide a receipt for you to submit of service.	to your insurance.	You are responsible for payment in full at the time
I clearly understand that all services rende service.	red me are my res	ponsibility and payment is expected at the time of
Patient's Signature		Date
If under 18 years of age, parent or guardia	n's signature	
		on 201 (g) (1), the term "DRUG" is defined to mean: "Articles
not mean that it can be misrepresented, or be classifie	pathic Remedy may have do as a drug by anyon	ave an effect on any disease process or symptoms, this does
the quality of foods in the patient's diet in order to sup	ply good nutrition sup	e adjunctive schedule of nutrition is provided solely to upgrade porting the physiological and biomechanical processes of the e stabilization of chiropractic adjustments and treatment.
I have read and understand the above:		
Signature	Date	