

PATIENT INTRODUCTION CARD

(Please Print)

Date

Name Social Security No.
(last) (first) (middle)

Address Phone

City State Zip

Birth date Age Male Female No. of children

Occupation Married Single Divorced Widowed

Employed by Business Phone

Address City State Zip

Name of spouse (or parent, if minor) Occupation

Address City State Zip

Person responsible for account

Address City State Zip

Referred by

Please check the type of care desired so that we may be guided by your wishes when possible.

Temporary relief Control of immediate problem Total health care

I prefer the doctor select the type of care he feels is best for me.

FEE PAYABLE WHEN SERVICE RECEIVED UNLESS SPECIAL ARRANGEMENTS ARE MADE.

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Form No. 142-0

Have you had chiropractic care before? When?

Do you have health insurance? What company?

Address Policy Number

Nearly all insurance policies provide chiropractic coverage, but benefits vary from company to company and policy to policy. Therefore, although we will fill out the insurance forms, the patient is personally responsible for payment of services rendered. We do accept certain insurance assignments but all insurance arrangements must be approved in advance.

Check type of insurance coverage:

Workers' Compensation

Automobile Insurance Policy

Group Policy

Government Health Plan

Personal Policy

Other

OUR PERSONAL CONCERN

Our professional and personal concern is with just two things, your health and our reputation. Therefore, we accept only those patients whom we sincerely believe we can help.

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