

PATIENT INTRODUCTION CARD

Date: _____
Name (Mr. Mrs. Ms. Dr.): _____ Email: _____
Phone(Home): _____ Address: _____
Phone(Cell): _____ City, State, Zip: _____
Patient Age: _____ Date of Birth: ___/___/___ Married ___ Single ___ Spouse Name: _____
Occupation: _____ Employer: _____
Emergency Contact Name: _____ Phone: _____
Previous Chiropractic Care: ___ Yes ___ No Doctor's Name: _____
Do you plan on using health insurance: ___ Yes ___ No Social Security #: _____
Major Complaint: _____
Who (or what source) referred you to our office? _____

It is usual and customary to pay for services as rendered unless otherwise arranged