

INTRODUCTION PATIENT CASE HISTORY

Patient No: _____ Date: _____

Name (Mr. Mrs. Miss Ms.) _____
(Last, First, MI)

Address: _____ City _____ State _____ Zip _____

Home Phone: () _____ Mobile: () _____ Work Phone: () _____

Email Address: _____ Married _____ Single _____ Other _____

Social Security No.: _____ - _____ - _____ Date of Birth: ____/____/____

Occupation: _____ Employer: _____

Name of your Insurance Company: _____

Primary Insurance Holder: _____ Primary Holders Date of Birth: _____

Previous Chiropractic Care? Yes No Doctor's Name: _____

Major Complaint: _____ Began When and How _____

Any Recent Surgeries _____ Any Recent Accident's _____

Medications _____ Allergies RX _____

Physicians Contact _____

Who (or what source) referred you? _____

It is Usual and Customary to Pay for Services as Rendered Unless Otherwise Arranged