

Patient Introduction Card

No. _____ Date: _____

Name (Mr. Mrs. Miss Ms.): _____ Home Phone: (____) _____

Email Address (ex: name@email.com): _____

Address: _____ City: _____ State: _____ Zip: _____

Married Single Other: _____ Age: _____ Date of Birth: ____ / ____ / ____

Occupation: _____ Employer: _____

Office Address: _____ Office Phone: (____) _____

Previous Chiropractic Care? YES NO If YES, Doctor's Name: _____

Name of your Insurance Company: _____

Major Complaint: _____ Social Security No: _____

Who (or what source) referred you? _____

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