anunson
chiropractic

Confidential Health Information

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Date

Whom may we thank for referring you?

First Name | MIddle Initial | Last Name

Gender | Height | Weight | Birthdate

Address | City | State | Zip

Phone | Email

Emergency Contact | Phone

Occupation | Employer

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Spouse's Name

Children & Age

Primary Physician

How can we help you today?

To set clear expectations, improve communication and help you get the best results in the shortest amount of time, please read each statement and initial your agreement.

_____ I realize that an X-ray examination may be hazardous to an unborn child and I certify that to the best of my knowledge I am not pregnant. Date of last menstrual period _____

_____ I may request a copy of the Privacy Policy and understand it describes how my personal health information is protected and released on my behalf for seeking reimbursement from any involved third parties.

_____ I grant permission to be called to confirm or reschedule an appointment and to be sent occasional cards, letters, emails or health information to me as an extension of my care in this office.

_____ I acknowledge that any insurance I may have is an agreement between the carrier and me and that I am responsible for the payment of any covered or non-covered services I receive.

_____ I may request a copy of the Financial Policy at any time.

_____ To the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, severity or cause of my health concern.

If the patient is a minor child, print child's full name: _____

Signature | Date