

## NEW PATIENT INTRODUCTION

(please print clearly)

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  Single  Married

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Head of Family \_\_\_\_\_ Referred by \_\_\_\_\_

Previous chiropractic care (yes) \_\_\_\_\_ (no) \_\_\_\_\_ Where \_\_\_\_\_

Name of your insurance company \_\_\_\_\_

Chief Complaint \_\_\_\_\_

IT IS USUAL AND CUSTOMARY TO PAY FOR SERVICES AS RENDERED  
UNLESS OTHERWISE ARRANGED

S.S.# \_\_\_\_\_