

DR # _____

CASE # _____

The MANTONYA CHIROPRACTIC CENTER

Improving Lives with Expert Healthcare since 1971.

PATIENT INTRODUCTION FORM

(Please Print)

Name _____ **Date** _____

First

Middle

Last

Address _____ **PO BOX** _____

City _____ **State** _____ **Zip** _____ **Phone-Area Code**() _____

SS# _____ **Birth Date** _____ **E-Mail Address** _____

Age _____ **Height** _____ **Weight** _____ **Number Of Children** _____

() Male () Female

() Married () Single () Divorced () Widowed

Employed By _____ **Business Phone** () _____

Address _____ **City** _____ **State** _____

Name Of Partner/Spouse(or parent if minor) _____

Spouse's Employer _____

Person Responsible For Account _____

Address if Different _____

REFERRED BY _____

If you were referred by a telephone directory, please indicate which one was used **ALLTEL **OTHER**

List Your THREE Major Complaints:

1. _____

2. _____

3. _____

Have you missed work due to this condition? (Circle One) YES NO

List Your THREE Most Recent Accidents:

1. _____

2. _____

3. _____

Have you had Chiropractic care before? _____ **When** _____ **Where** _____

Family Physician _____

Do you have Health Insurance? (Circle One) YES NO

Primary Insurance Company Name _____ **Insured's ID#** _____

Insured's Name _____ **Insured's D.O.B.** _____

Secondary Insurance Company Name _____ **Insured's ID#** _____

Insured's Name _____ **Insured's D.O.B.** _____

FEES PAYABLE AT TIME OF SERVICE UNLESS ARRANGMENTS ARE MADE