

Welcome to the

MANTONYA

CHIROPRACTIC CENTER LLC

NP / ROP

Today's Date _____

X-ray # _____

Doctor _____

Chiropractic Pediatric Patient Information

(Please Print & Complete All Areas)

Name _____ Birth Date _____ SS# _____
Legal First Middle Last

Mailing Address _____ City _____ State _____ Zip _____

Sex: () Male () Female Marital Status _____ Home Phone _____ Email _____

Cell Phone _____ Cell Carrier _____ Preferred Contact ___ Hm ___ Wk ___ Cell

Occupation _____ Employer _____ Work Phone _____

Name of Spouse (or parent if minor) _____ Spouse's (or parent if minor) Employer _____

Do you have health insurance? ___ Yes ___ No Medicare? ___ Yes ___ No Medicaid? ___ Yes ___ No

Primary Insurance Company Name _____ ID# _____ Grp# _____

Whose name is it under? ___ Self ___ Other(their name) _____ Their Birthday _____

Secondary Insurance Company Name _____ ID# _____ Grp# _____

Whose name is it under? ___ Self ___ Other(their name) _____ Their Birthday _____

Family Physician Name _____ Family Physician City _____

When doctors work together it benefits you. May we update your family doctor about your care here? ___ Yes ___ No

We are here to help you with your health goals.

Your answers will help us determine the best care for you. Let's get started...

Is this your child's first visit with us? ___ Yes ___ No If yes, how did you find out about us?

___ Current Patient (their name) _____ ___ Family doctor ___ Insurance directory

___ Google Search ___ Location ___ Reputation ___ Website ___ Sign ___ Other: _____

Describe your child's birth: ___ Normal Vaginal ___ Complicated ___ C-section ___ Forceps ___ Suction

Has your child: ___ Broken a Bone ___ Fallen ___ Been in an Auto Accident ___ Played Sports ___ Been Knocked Unconscious

Your three main reasons for seeking our care: _____

Have you tried anything to help this in the past? ___ Yes ___ No If yes, what were the results? _____

Has your child ever been adjusted by a Chiropractor before? ___ Yes ___ No If yes, approximate date of last adjustment? _____

Welcome to our office! Rest assured we will do everything in our power to help your child.

If we can't help them, we will tell you and get you to someone who can.

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