PATIENT INTAKE FORM

PLEASE TELL US ABOUT YOU

Today's Date ____/___/ ____

Full Legal Name _____

Male __ Female __ Single___ Married___ Widow___ Divorced___

How you prefer to be addressed _____ **Birthdate** _____/_____/_____ **Age**_____

Social Security # _____-_____- _____ **E-mail address**_____

Street Address _____ **Home Phone** ____-____-_____

City _____ **State** _____ **Zip Code** _____

Employer's Name _____ **What do you do there?** _____

Employer's Address _____ **Years with present employer** _____

Work Phone # _____-_____- _____ **Ext. #** _____ **Okay to call you at work? Yes No**

Referred to our office by _____

In Case of Emergency Contact _____ **Phone #** ____-_____-_____ **Relationship** _____

INSURANCE INFORMATION

Is your current condition the result of an accident/injury? Yes __ No ___ If yes: Auto __ Work __ Slip/Fall __

Primary Insurance Company

Ins. Co. Name _____ **Policy or ID #**_____

Address _____ **Insured's Name** _____

_____ **Relation** _____ **Birthdate** _____

Ins. Co. Phone # _____ **Insured's Social Security #** _____

Insured' s Employer _____ **Group # (Plan, Local or Policy #)** _____

Secondary Insurance Company

Ins. Co. Name _____ **Policy or ID #**_____

Address _____ **Insured's Name** _____

_____ **Relation** _____ **Birthdate** _____

Ins. Co. Phone # _____ **Insured's Social Security #** _____

Insured's Employer _____ **Group # (Plan, Local or Policy #)** _____

Patient Acknowledgement

By my signature, I understand and acknowledge that ***Hunt Chiropractic***, its Doctors and agents, will treat my condition as they deem necessary through the use of Chiropractic Manipulative Therapy and adjunctive therapies. I also understand that all original documents and original x-rays created as a result of the performance of examinations will remain the property of ***Hunt Chiropractic***, it's Doctors and agents, will not be held responsible for any undisclosed pre-existing conditions. As the parent, guardian or parentally authorized agent, I hereby authorize ***Hunt Chiropractic***, it's Doctors and agents, to administer care to this minor.

Signature of Patient (Responsible Person) _____

Date:____/_____/____