

Patient Introduction Form

Date: _____

Chart No. _____

(Mr., Mrs., Miss, Ms.) Name: _____

Age: _____ Date of Birth: _____ Marital Status: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

BEST TIME TO CALL: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Driver's License No.: _____ SS #: _____

E-mail Address: _____

Employer Name and Address _____

Occupation: _____

Name of Health Insurance Company: _____

Is this through your employer? Yes No

Major Complaint: _____

Previous Chiropractic Care? Yes No Chiropractor's Name: _____

Spouses Name: _____ Spouses SS#: _____

Spouses Employer: _____ Spouses Date of Birth: _____

Nearest relative or friend who may be called in case of emergency: _____

Relationship: _____ Phone: _____

Who (or what source) referred you? _____

It is usual and customary to pay for services as rendered unless otherwise arranged.

I do hereby authorize Yeager Chiropractic and Wellness Center to furnish my Insurance Company with a full report of physical examination, diagnosis, treatment, prognosis, etc., of myself in regard to my injury and/or illness if requested by them.

I hereby authorize and direct payment to said doctor such sums as may be due on owing him for chiropractic service rendered me. I understand that I am directly and fully responsible to said doctor for all medical bills submitted by him for service rendered to me. This agreement is made solely for said doctor's additional protection and in consideration of his awaiting payment.

I have read and agree to be bound by the terms of this assignment of benefits. I have also been advised that if my insurance company does not cooperate in protecting the doctor's interest, he will not await payment but may declare the entire balance due and payable. These assigned proceeds shall not exceed amounts due and payable to doctor for services rendered. I also understand if this Office must take any action to collect an outstanding balance on my account, I will be responsible for payment and will reimburse YEAGER CHIROPRACTIC for all costs of such collection efforts, including but not limited to all court costs and all attorney fees.

PATIENT'S SIGNATURE _____

DATE _____