

PATIENT INTRODUCTION CARD

No.: _____ Date: _____

Name (Mr. Mrs. Miss Ms.): _____ Phone (Home): _____
(Last, First, MI)

Address: _____
(City) (State) (Zip)

Cell Phone: _____ Email Address: _____

Married _____ Single _____ Other _____ Age _____ Date of Birth: ___/___/___

Occupation: _____ Employer: _____

Office Address: _____ Phone (Office): _____

Previous Chiropractic Care? ___ Yes ___ No Doctor's Name: _____

Name of your Insurance Company: _____

Major Complaint: _____ Social Security No.: _____

Who (or what source) referred you? _____

It is Usual and Customary to Pay for Services as Rendered Unless Otherwise Arranged