

# PATIENT INTRODUCTION CARD

No. \_\_\_\_\_ Date: \_\_\_\_\_

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

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*