

Patient Registration Form

Name: _____, _____ Date: _____
Last First

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ / _____ / _____ Social Security #: _____ - _____ - _____
Month Day Year

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

Male Female Email Address: _____

Height: _____ Weight: _____ Children? No Yes - If so, how many: _____

Marital Status: Single Partnered Married Separated Divorced Widowed Minor

Employer: _____ Occupation: _____

Work Address: _____ City: _____ Employer's Phone #: _____

Spouse / Partner's Name: _____ Occupation: _____

Emergency Contact: Spouse Listed Above - Phone #: _____

Other - Name: _____ Phone: _____ Relationship to You: _____

Do you have any family members who have been treated here? No Yes - If so, their name: _____

How did you hear about our office?

Friend / Family: _____ Doctor Referral: _____
Name Doctor Name

Internet Search Internet Promotion / Voucher Yelp Search Other: _____

Is your visit with us today due to: Auto Accident? Work-Related Injury? If so, date of injury: _____

Do you have Health Insurance? No Yes - If so, who is your provider? _____

Would you like us to perform a complimentary insurance verification? No Yes

If so, please allow us to make a copy of your insurance card and we will verify your Chiropractic Benefits.

We will gladly accept insurance assignments given the Chiropractic Benefits are \$500 or more.

We are happy to work with your Health Savings Account (HSA) or Flex Spending Account (FSA).

For insurance plans with Chiropractic Benefits less than \$500, we will provide you with the necessary paperwork to bill your insurance, as this results in more timely and higher reimbursement for you.

Office Use Only: _____

Acknowledgement of Receipt of Notice of Privacy Practices

(You may keep the included Notice for your records. You may also refuse to sign this acknowledgement.)

I, _____, have received a copy of this office’s Notice of Privacy Practices.
(Please Print)

Signature: _____ Date: _____
(Please Sign)

For Office Use Only: Individual refused to sign. Communication Barriers prohibited obtaining the acknowledgement.
 An emergency situation prevented us from obtaining the acknowledgement. Other

Office Agreement

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that Smith Chiropractic / Eric C. Smith, D.C. will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to Smith Chiropractic / Eric C. Smith, D.C. will be credited to my account on receipt. However, I clearly understand that all services rendered me will be immediately due and payable. It is understood and agreed that any amount paid to Smith Chiropractic / Eric C. Smith, D.C., for x-rays is for examination only and the x-rays will remain the property of this office being on file where they may be seen at any time while a patient of this office. I also understand that if I suspend or terminate care and treatment, any fees for professional services rendered me will be immediately due and payable.

I hereby authorize Smith Chiropractic / Eric C. Smith, D.C. to treat my condition as he or she deems appropriate. Therefore, I hereby request and consent to the administration of diagnostic procedures, chiropractic adjustments and other chiropractic procedures including, but not limited to, various modes of physical therapy and diagnostic x-rays administered by the staff at Smith Chiropractic.

I attest that the information completed by me on this form is correct and true to the best of my knowledge. I agree to notify this office in the event of any change. Payment is expected for all office visits, services, treatments, procedures, and products purchased at the time of each visit unless other arrangements have been made with the personnel.

Name: _____

Signature: _____ Date: _____

If Patient is a Minor:

Name: _____

Signature: _____ Date: _____