

Clinic ID: _____ Date: _____



Patient Information:

Name: _____
First MI Last

Address: _____

Phone: Home _____ Cell _____
Work _____ E-mail: _____

Past Chiropractic Care? Yes No Referred by: _____

Personal Information:

DOB: _____ Sex: Male Female

Marital Status: Single Married Widowed Divorced

Spouse: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: Home _____ Work _____

Patient Employment:

Employer Name: _____ Occupation: _____

Privacy Policy:

At Nafziger Family Chiropractic, all health information is considered confidential and we are careful how we use it. Please know that your health information will only be shared to process any insurance claims. We will request permission from you prior to any other release of records. If you would like a formal copy of the Notice of Privacy Practices, please ask.

Further, we may use information from your file for Chiropractic research. This will be done in an anonymous manner. If you do not want to be included in any case studies, please let us know.

Patient/guardian signature

Date