Cascade Chiropractic

1501 Hwy 18 Byp Ste B, Hot Springs, SD 57747

About the Patient

Name:____________________ Today's Date:__________ Birthdate:__________ Age:______

Address:____________________ City:____________________ State:______ Zip:__________

Home Phone:______________ Cell Phone: ______________ Work Phone: ______________ Gender: M F

Social Security Number: ____________________ Did anyone refer you to our office: ____________________

Significant Other's Name: ____________________ Kid's Names and Ages (under 18): ____________________

Your Employer:____________________ Type of Work:____________________

E-Mail Address:____________________ Have you been to a chiropractor before: Y N

Emergency Contact:____________________ Phone #:____________________

Name of Medical Doctor(s)____

- I authorize the doctor or his staff to render care as deemed appropriate for me and/or my child.
- I authorize the Cascade Chiropractic staff to request records from other providers as may be necessary.
- I understand I am responsible for all bills incurred in this office.
- I acknowledge that any insurance I may have is an agreement between the carrier and me and that I am responsible for the payment of any covered or non-covered services I receive.
- I authorize assignment of my insurance benefits (if applicable) directly to the provider.
- Person responsible for this account if other than the patient? ______________
- I understand that all care is rendered at usual and customary fees.
- I may request a copy of the Privacy Policy and understand it describes how my personal health information is protected.
- To the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, severity or cause of my health concern.

Patient/Parent Signature:____________________ Date:____________________

Reason for Seeking Care

How can we help you? ____

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Are there any previous surgeries, accidents or conditions we should know about? ____

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Doctor's notes: ____

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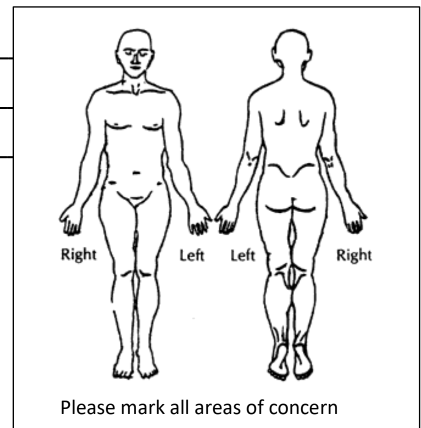
Are you Pregnant?

Yes No



Please mark all areas of concern