

Patient Introduction Card

No. _____ Date: _____

Name: (Mr. Mrs. Miss Ms.) _____ Phone (Home): _____

Address: _____ City _____ Zipcode: _____

Married _____ Single _____ Other _____ Age _____ Date of Birth ____ / ____ / ____

Occupation: _____ Employer: _____

Work Address: _____ Phone (office): _____

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

Name of Your Insurance Company: _____

Major Complaint: _____ Social Security No: _____

Email Address: _____

Who (or what source) referred you? _____

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