

PATIENT INTRODUCTION CARD

(Please Print)

Date _____

Name _____ Phone _____
(last) (first) (middle)

Address _____ City _____ State _____ Zip _____

Birth date _____ SS No. _____ Male Female No. of children _____

Occupation _____ Married Single Divorced Widowed

Employed by _____ Business phone _____

Address _____ City _____ State _____ Zip _____

Name of spouse (name of parent, if minor) _____

Occupation _____ Birth date _____ SS No. _____

Parent's address _____ City _____ State _____ Zip _____

Person responsible for account Self Spouse Parent Other _____

If other, name _____ Phone _____ SS No. _____

Address _____ City _____ State _____ Zip _____

Referred by _____

Have you had chiropractic care before? Yes No When? _____ Dr.? _____

FEES PAYABLE WHEN SERVICE RECEIVED