Patient Introduction Form

NOTE: New patients need to check in for their appointment 15 minutes prior to the scheduled appointment time to ensure we have enough time to give you the level of care you need. Arriving late may result in rescheduling your appointment.

Today's Date	
Patient Name: **Last** **First** **Middle Init.**	
Address:	Home Phone:
City, State, Zip:	Work Phone:
Date of Birth: Age:	Cell Phone:
Referred By:	Employer's Name:
Social Security No.:	Occupation:
Email Address:	Marital Status (Circle): Single, Married, Divorced, Widowed

Name, Address, Relationship and Telephone Number of your nearest adult relative (for emergencies):

IS THIS VISIT RELATED TO A:

□ Work Related Injury	□ Motorcycle-Bicycle Injury
□ Home Injury	□ Sports Injury
□ Non-Injury Symptoms	□ Check-up Only
□ Car Crash Injury	□ School/Employment Physical
□ Other (Describe):	□ Pedestrian Injury

Main Complaint: _____

Date problem started: _____

Does your insurance cover Chiropractic treatment?	□ Yes □ No
If yes, indicate Insurance Company Name (Need copy of card)	Name:
Are you the insurred person or dependent (wife/husband/child)?	□ Insured □ Dependent
If you are the insurred persons dependent, we need the insured persons name, date of birth and the name of the employer's business.	Name of Insured Person: Insured Date of Birth: Name of Insured Employer:

I hearby authorize my insurance benefits to North Suburban Chiropractic & Acupuncture and authorize release of any information to any insurance company, adustor or attorney involved in this care. A photocopy of this authorization shall be considered as valid as the original. I authorize payment directly to North Suburban Chiropractic & Acupuncture. I understand that I am responsible for all products/services provided to me, including the balance remaining after payment of insurance. If my private insurance does not pay, I will be responsible for full payment of the balance including co-insurance, deductibles and non-covered servicess

At North Suburban Chiropractic & Acupuncture, your care is of the up most importance to us. We appreciate and value your time. Your scheduled appointment has been set aside just for you. We understand life gets busy, so if you are running late or are unable to keep your appointment, please give us call and let us know. We often have a waiting list and by letting us know you are unable to keep your appointment, we may help another in need. Thank you for your consideration.

Signature of responsible party (Patient or Parent) _____ Date _____