



Welcome To ClearWater Chiropractic

Thank you for choosing our clinic for your health care needs. We are very happy you are here. In order to serve you to the best of our ability, we will need you to complete the following patient information and answer all questions on the subsequent questionnaires. We use this information to know you better and to file insurance for you, if applicable. Please be patient in providing us all the necessary information, we do not

like paperwork anymore than you do. We want you to reach your health care goals, so please be complete with your answers.

PATIENT INFORMATION

Date: _____

Occupation: _____

Patient Name: _____

Employer: _____

Address: _____

Name & Location of Your Primary Care Physician: _____

City _____ **ST** _____ **ZIP** _____

SS#: _____

Sex: M F **Age:** _____ **Birth date:** ___/___/___

If female, are you pregnant? _____

Single ___ Married ___ Divorced ___ Separated ___

Race (Please circle only one)
 American Indian or Alaska Native African American/Black
 Native Hawaiian or Other Pacific Islander Asian
 Hispanic or Latino White Not provided

Ethnicity (Please circle only one)
 Hispanic or Latino Not Hispanic or Latino Not provided

Preferred Language: _____

Smoker: ___Y ___N **FORMER:** ___Y ___N

Name of Parent/Guardian: _____

Any known allergies to medications: ___Y ___N

Signature of Parent/Guardian: _____

List: _____

Date: _____

Current Medications: _____

Ht: _____ **Wt:** _____ **BP:** _____

CONSENT FOR TREATMENT OF A MINOR

By my signature, I hereby authorize ClearWater Chiropractic To treat _____, which includes, but is not limited to: examination, x-rays (if deemed necessary by the doctor), spinal adjustments and any adjunctive therapies the doctor deems necessary. I understand that by signing this form I, the parent or guardian am financially responsible for any expenses incurred by my son/daughter at ClearWater Chiropractic. I understand that the doctors will discuss my son/daughter's care with me. I further understand that this consent will remain in effect until the expiration date and if no expiration date is listed, this consent is open and non-ending.

CONTACT INFORMATION

Home #: (____)____ - _____

Work #: (____)____ - _____

Cell #: (____)____ - _____

Best Time/Place to reach you _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name _____

Best #: (____)____ - _____ Relationship: _____

How Did You Hear About Us?

___ Personal Referral Name: _____

___ Internet: _____

___ Phone book

___ Advertisement Where: _____

___ Our Location

___ Other: _____

May we contact you by e-mail? _____

E-mail Address: _____