

Carson Tahoe Chiropractic

Patient Registration

General Information:

Name: _____ Today's Date: _____

Address: _____ Date of Birth: _____ Age: _____

City: _____ State: _____ Zip code: _____ SSN: _____

Personal Phone: _____ Work Phone: _____

Employer: _____ Address: _____

Occupation: _____ E-mail Address: _____

Insurance Information:

Insurance company: _____ Insured's ID#: _____

Insured or Spouses Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Insured's Employer: _____ Occupation: _____

Emergency Contact:

Closest relative: _____ Relationship: _____

Phone: _____ Address: _____

City: _____ State: _____

If Minor, Parent or Legal Guardian: _____

History:

Please give a brief account of how this injury/illness occurred: _____

Patient Referred by: _____ Previous chiropractic care? Who? _____

Have you seen another doctor for *this* condition? If so, Who? _____

Have you had x-rays taken in the last year? When?: _____ What areas? _____

Where were they taken? _____

Do you suffer from any chronic illnesses? _____

Are you taking any medication?: _____

Do you have a pacemaker or any metal in your body?: Yes No