

Welcome to Desert Cities Chiropractic

Confidential Patient Information

Name: _____ Date: _____

Address: _____ Apt # _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Email: _____ DOB: _____ Age: _____ Sex: M F

Status: Single, Married, Divorced, Widowed Social Security No: _____ - _____ - _____

Spouse's Name: _____ DOB: _____ Spouse's Employer: _____

In case of an emergency please notify: _____ Phone: _____

Please Let Us Know Who Referred You- Y-102 Fox 106.5 Nikki's Café Verizon Yellow Pages
 Transwestern Yellow Book Local Pages Friend Current Patient Doctor KFrog

Charter TV Other

EMPLOYMENT INFORMATION:

Status: Employed, Unemployed, Retired, Student-Full or Part time

Occupation: _____ Business/Employer Name: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

IF YOU WERE INVOLVED IN AN ACCIDENT PLEASE COMPLETE THE FOLLOWING:

Did the injury occur at WORK? Yes No Date of Injury: _____ Time: _____ am/pm

Has the injury been reported to your supervisor? Yes No Name of Supervisor: _____

Is the injury a result of an AUTOMOBILE ACCIDENT? Yes No OTHER? _____

Attorney Name (if applicable): _____ Phone: _____

Assignment & Release

I certify that I, and/or my dependent(s), have insurance coverage with _____ Insurance and assign directly to Desert Cities Chiropractic/Dr. Angelopoulos all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions. The above-named doctor may use my health care information and may disclose such information to the above-named Insurance Company and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

Signature of Patient, Parent, Guardian or Personal Representative

Print name of Patient, Parent, Guardian or Personal Representative

Relationship to Patient

Date