Date of your visit:_________________________

Patient Information
(PLEASE PRINT)

Patient Last Name____________________________First Name____________________Middle Init_________

Address____________________________________City________________St__________Zip_____________

Patient ss#_____________________DOB_________________Age_________________DL#_______________

Home#_________________WK#________________Cell#_______________Email:_____________________

Sex_____________Marital Status________________Referred by:____________________________________

Employer________________________________Occupation____

Spouses Name_________________________Employer_____________________Occupation_______________

Is the patient a minor? Yes / No If yes, Please list names of both parents:
Father______________________________________Mother____

*******Please note, if the patient is a minor we will not mediate between divorced parents. Our main focus is the health and well being of the child and not the private issues between extended families. We expect all parties involved to participate in the care and treatment of the minor child.*******

Is the patient the primary insurance subscriber? Yes / No
If NO, please fill out the following information:

Primary Insurance Holder Name_________________________________ss#____________________________

Address:_____________________________________City____________________ST__________Zip_______

Home #_________________WK#_________________Cell#__________________Email:_________________

DOB_______________Employer___________________Relationship to patient_________________________

Insurance co Name_______________________________Phone Number______________________________

Claims mailing address____________________________City___________________St_______Zip_________

Subscriber ID_________________________________Group #_______________________________________

Please list below three contact numbers and relationship to the patient:

Name___________________________Number____________________________Relationship_____________

Name___________________________Number____________________________Relationship_____________

Name___________________________Number____________________________Relationship_____________