

# Confidential Patient Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Marital Status (Circle) M S D W Age \_\_\_\_\_  
Social Security Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Work Address \_\_\_\_\_ City, St, Zip \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ # Children \_\_\_\_\_

Who may we thank for referring you to our office? \_\_\_\_\_

Have you ever had Chiropractic before? Yes  No  Date \_\_\_\_\_

Is this injury or illness related to: Employment  Auto Accident

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Workers Compensation Ins. Co. \_\_\_\_\_ Phone \_\_\_\_\_

Your Auto Insurance Co. \_\_\_\_\_ Phone \_\_\_\_\_

Third Party Auto Insurance Co. \_\_\_\_\_ Phone \_\_\_\_\_

Do You have Health Insurance Yes  No  Subscribers Soc. Sec. # \_\_\_\_\_

Primary Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Secondary Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

All Charges are due when services are rendered . . . . .

Method of payment ( ) Check ( ) Cash ( ) Credit Card ( ) Care Credit

Why Chiropractic? People go to Chiropractors for a variety of reasons. Some go for symptomatic relief of pain or discomfort (Relief Care). Others are interested in having the cause of the problem as well as the symptoms corrected and relieved (Corrective Care). Your Doctor will weigh your needs and desires when recommending your treatment program.

**RELIEF CARE**  
Relief Care is that care necessary to get rid of your symptoms or pain, but not the cause of it. It is the same as drying a floor that was getting wet from a leak, but not fixing the leak.

**CORRECTIVE CARE**  
Corrective Care differs from relief care in that its goal is to get rid of the symptoms or pain while correcting the cause of the problem. Corrective care varies in length of time, but is more lasting.

I authorize Lark Family Chiropractic Center to render necessary services to me and I am responsible for all charges incurred.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian or spouse's authorizing care \_\_\_\_\_

*Thank You For Allowing Us To Serve You!*