



Today's Date _____ File # _____ Please provide picture ID and insurance/Medicare cards

Full Name _____ Male Female

Single Married Spouse _____ Children & Ages _____

Date of Birth _____ Age _____ SSN _____ Occupation _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____ Other _____

Email _____

Who referred you? _____ Previous Chiropractor? _____

Reason for Your Visit Today: (check all that apply)

- Well visit transferring from another office Pain relief only Relief and learn about spinal health
 I'm having _____ (pain or problem)
 Had an auto/work/other accident/injury on (date) _____ _____ (other)
 I would like to learn more about developing a Personal Wellness Plan for me or my family

Financial Policy:

I am responsible for making recommendations that offer you the best chance of improved health and a higher quality of living. You are responsible for choosing what you want to do to make yourself healthier. My fees will be provided when recommendations are made. I ask you to pay at the time of service; however, if you have a special need or request about payment, please discuss with me beforehand. Although I am an Out-of-Network Provider, as a courtesy, I can file your insurance. Any reimbursement that your insurance pays directly to our office will be credited to your account for future use or refunded upon your request.

Ins. Co. _____ Phone _____

Claims Address _____

ID# _____ Group# _____ Insured's Relation to Patient _____

Insured' Name _____ Full Address _____

Insured's Date of Birth _____ SSN _____ Employer _____

"Today, we will review your health history to determine how chiropractic care can help your body heal. We will discuss the need for a spinal evaluation or the possibility of having spinal x-rays. Please let me know if you have any questions or other concerns we need to consider, as well. Thank you." Dr. Shelly Jones