

PATIENT INTRODUCTION CARD

Date _____ Home Phone _____ Cell Phone _____

Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____ Age _____ **Circle One:** Married Single Other

Email address _____

Occupation _____ Employer _____

Office Address _____ Office Phone _____

Previous chiropractic care? **Circle One:** Yes No If yes, Doctor's name _____

Major Complaint _____

How did you hear about our office? _____

It is Usual and Customary to Pay for Services as Rendered Unless Otherwise Arranged.