

WELCOME

The doctor and staff of Pearson Chiropractic Office welcome you and want to provide you with the best possible care. We will conduct a thorough history and physical examination to decide if we can assist you. If we do not believe that your condition will respond to chiropractic care, we will not accept you as a patient but will refer you to another health care provider, if appropriate.

Patient Information

Name: (First, Middle, Last) _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

Social Security #: _____ Sex: M F Marital Status: Single Married Widowed Divorced

Race: _____ Name you preferred to be called in this office: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Would you like to receive appointment reminders? (You may choose both options)

_____ By Email (Please provide your email address): _____

_____ By text message (Please provide the cell number to receive text messages on and the cell phone provider):

Cell phone #: _____ Provider: _____

Employment Information

Employment status: Employed Unemployed Retired Part-time Student Full-time Student Other

Employer: _____ Occupation: _____

Responsible Party Information

Relationship to patient: _____ Name (if other than self): _____

Address: _____ City, State, Zip: _____

Responsible Party's Phone#: _____

Emergency Contact

Name: _____ Relationship to Patient: _____

Phone #: _____

Is Your Illness or Injury Related to Any of the Following?

Employment Emergency Accident Auto Accident (State of Auto Accident) _____

If Employment related, has employer been notified? YES NO

How Were You referred to Our Office?

By an Attorney By a Doctor By a Patient Yellow Pages Location Website Other

Please print the name of your source: _____

ACCEPTANCE AS PATIENT

I understand and agree that the doctors of Pearson chiropractic have the right to refuse to accept me as a patient at any time before treatment begins. The taking of a history and the conducting of a physical examination are not considered treatment, but are part of the process on information gathering so that the doctor can determine whether to accept me as a patient.

Date: _____ Signature: _____