

KONICKI-SCHUMACHER CHIROPRACTIC

NAME: _____
(Last) (First) (Initial) (What name would you like to be called)

DATE OF BIRTH: _____ AGE: _____ SOCIAL SECURITY #: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE: (Home) _____ (Work) _____ (Cell Phone) _____

EMAIL ADDRESS: _____

OCCUPATION: _____ WHERE EMPLOYED: _____

CIRCLE ONE: Married Single Widow(er) Divorced Separated

PERSON RESPONSIBLE FOR PAYMENT: (If other than yourself) _____

PAYMENT: Cash Check Bank: _____ Account #: _____
Visa/Mastercard Credit Card #: _____ Expiration Date: _____

DRIVER'S LICENSE #: _____

IN CASE OF EMERGENCY, CALL: _____ (Relationship) _____ PHONE: _____

HAVE YOU EVER:

Been to a chiropractor? Yes _____ No _____ When and why? _____

Had Surgery? Yes _____ No _____ What operations and when? _____

Had a major fall/accident/injury? Yes _____ No _____ What and when? _____

Had a broken bone? Yes _____ No _____ What and when? _____

PRESENT HEALTH PROBLEM:

Describe your major complaint(s): _____

What can't you do because of this condition? _____

What doctors have you seen for this condition? _____

Medication and reason for taking it: _____

Family Doctors: _____ May we send a report to your family doctor? Yes _____ No _____

NOTICE OF PAYMENT

Full payment for services rendered is due at the end of each visit.

If for any reason this request cannot be met, arrangements must be made before seeing the doctor.

On all insurance assignments, the deductible and co-payments must be met as services are rendered.

RELEASE OF MEDICAL RECORDS

I agree to release medical records, reports and test results to my insurance company, attorney or adjuster, in order to process any claim of reimbursement of charges incurred by me as a result of professional services rendered and hereby release him/her of an consequence thereof.

AUTHORIZATION

I authorize payment to be paid directly to Drs. Konicki and Schumacher for my Chiropractic expenses.

I agree that a photostatic copy of this agreement shall serve as the original.

Signed: _____ Date: _____