

Carson Tahoe Chiropractic

Patient Registration

General Information:

Name: _____ Today's Date: _____
Address: _____ Date of Birth: _____ Age: _____
City: _____ State: _____ Zip code: _____
Personal Phone: _____ Work Phone: _____
Employer: _____ Address: _____
Occupation: _____ E-mail Address: _____

Insurance Information:

Insurance company: _____ Insured's ID#: _____
Insured or Spouses Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____
Insured's Employer: _____ Occupation: _____

Emergency Contact:

Closest relative: _____ Relationship: _____
Phone: _____ Address: _____
City: _____ State: _____
If Minor, Parent or Legal Guardian: _____

History:

Please give a brief account of how this injury/illness occurred: _____

Is this a work related injury? _____ If yes, was your employer notified? _____
Patient referred by: _____ Previous chiropractic care? Who? _____
Have you seen another doctor for *this* condition? If so, Who? _____
Have you had x-rays taken in the last year? When?: _____ What areas? _____
Where were they taken? _____
Do you suffer from any chronic illnesses? _____
Are you taking any medication?: _____
Do you have a pacemaker or any metal in your body?: Yes No