

GARDINER FAMILY CHIROPRACTIC
NEW PATIENT REGISTRATION FORM

PATIENT INFORMATION

Full Name: _____ Male _____ Female _____

Name you prefer to be called: _____ Email: _____

DOB: _____ Age: _____ Social Security Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Please check the box next to the phone number where you would prefer to be contacted.

Home Phone# _____ Cell Phone#: _____

Work Phone#: _____ ext. _____ Ok to leave a message at work? Y / N

Occupation: _____

Employer: _____ Address: _____

Primary Care Physician: _____ Phone #: _____

Clinic Name: _____ Location: _____

Person to contact in case of emergency: _____

Relationship to patient: _____ Phone#: _____

Who referred you to our office?: _____

FAMILY INFORMATION

Marital Status: M S O

Spouse/Significant Other: _____

Dependants: (Minors list siblings) _____ DOB: _____

MEDICARE AUTHORIZATION:

I have been advised that Medicare may deny any treatment that I receive over the allotted number of visits allowed for my condition. Although Medicare may reduce or deny the procedure(s), I have advised the doctor to proceed with the service(s) and I will assume full responsibility for payment.

If you have utilized your covered visits at another chiropractic facility, Medicare may deny any additional visits for your condition, even though you are seeing another doctor.

Patient Signature: _____

Date: _____

Witness: _____

WERE YOU AWARE THAT?

Doctors of Chiropractic work with the nervous system? Y / N

The nervous system controls all bodily functions and systems? Y / N

Chiropractic is the largest natural healing profession in the world? Y / N

If Chiropractic care starts at birth, you can achieve a higher level of health throughout life? Y / N

**INSURANCE RELEASE /
PAYMENT FOR SERVICES:**

I authorize the release of medical information to process insurance claims. I also authorize assignment of benefits and agree to pay any balance due, not covered by my insurance, to the doctors for the services rendered.

Signature of Patient or Parent/Guardian

Date: _____