

Confidential Patient Case History

Paul Chiropractic
2477 Eastrock Drive
Rockford, IL 61108
815-397-0935

Dear Patient:

Please complete the following questionnaires. Your answers will help us determine if chiropractic can help you. If we do not believe that your condition will respond satisfactorily, we will not accept your case. Thank you in advance for your cooperation!

Date: _____

Name: _____

Address: _____

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

Email Address: _____

Date of Birth: _____ Age: _____ Sex: _____ SSN: _____

Marital Status: _____ Spouse's Name: _____

Number of Children: _____

Occupation: _____ Hobbies: _____

Employer: _____ Employer's Address: _____

Employer's Phone: _____

Previous Chiropractor: _____

Insurance Coverage (Primary):

Insurance Company: _____ Address: _____

Phone Number: _____

Name of Insured: _____ Relationship to Patient: _____

Group/Policy Number: _____ Insured's ID Number: _____

Deductible: _____ Coinsurance: _____ or Co-pay: _____ (if known)

Insurance Coverage (Secondary or Supplement):

Insurance Company: _____ Address: _____

Phone Number: _____

Name of Insured: _____ Relationship to Patient: _____

Group/Policy Number: _____ Insured's ID Number: _____

Deductible: _____ Coinsurance: _____ or Co-pay: _____ (if known)

In case of an emergency, please provide the information of a relative or close friend that is **NOT LIVING WITH YOU**:

Name: _____ Address: _____

Phone: _____ Relationship: _____