Patient Registration Form

Chagrin Valley Chiropractic and Acupuncture Center
Phone: 440-247-5383 Fax:440-247-6341

Patient Name_____ **Date**_____
First **Middle** **Last**

Instructions: Please fill out as completely as possible. Please have **insurance card**, photo ID and any referral letters, pertinent reports, and/or X-rays/MRIs with you at the initial visit. Thank You.

Personal Information

Address_____ _____
Street City State Zip

Contact Information:

Home _____ Work_____ Cell_____

Email Address:_____ Best time/place/way to reach you? _____

Marital Status: ☐Single ☐Married ☐Widowed ☐Separated ☐Divorced **Gender:** ☐M ☐F Age_____

Patient SS#_____ Birthdate: _____

Occupation:_____ Employer:_____

Significant Other's Name_____ Occupation:_____

Emergency Contact

Name:_____ Relation_____

Home Phone:_____ Work Phone_____ Cell Phone _____

Insurance Information

Do you have health insurance? ☐☐Yes No If yes, Insurance Co:_____
Who is responsible for account? ☐Self ☐ Spouse ☐Other: _____
Relationship to patient:_____
Is patient covered by additional insurance? ☐Yes ☐ No If yes, Ins Co_____

Assignment and release: I the undersigned certify that I (or my dependent) have insurance coverage with_____ _____ and assign directly to Chagrin Valley Chiropractic and Acupuncture Center all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

_____ _____ _____
Responsible party signature Relation (if not patient) Date

Accident Information

Is reason for visit due to an accident? ☐No ☐Yes - If yes, Date of accident: _____
Type of accident ☐Auto ☐Work ☐Home ☐Other_____
To whom have you made a report of your accident to? ☐Auto insurance ☐Employer ☐Workers Comp ☐Other – if other please explain:_____
Attorney Name & phone #(if applicable):_____

Whom may we thank for referring you or how did you hear about us?_____
May we send them a "Thank you" card with your name? ☐Yes ☐No

Whom may we thank for referring you or how did you hear about us?_____