PEDIATRIC NEW PATIENT INFORMATION

Date: ____________________

PATIENT INFORMATION

Child's Name: ______________________________ Child's Nickname: ___________________________

Reason for Visit: ____

Sex: M / F Date of Birth: __________________ Age: _______ Child's SS #: __________________

Child's Home Phone #: _____________________

Child's Home Address: ____

Who may we thank for referring you? ____

FAMILY INFORMATION

Mother's Name: ___________________________ Father's name: _______________________________

Home Phone #: ___________________________ Home Phone #: _______________________________

Work Phone #: ___________________________ Work Phone #: _______________________________

Parent's Marital Status: Married _____ Single _____ Divorced _____ Widowed _____

List Ages of Other Children in Family: ____

Predominant language used at home: ____

PAYMENT INFORMATION

Please read and sign our Financial Agreement. Does your health insurance cover chiropractic? Y / N

If you have insurance that may cover chiropractic services, please provide your current insurance card so that we may make a copy. Additionally, please enter the following information relating to the person who is responsible for the child's health insurance coverage.

Insured's Name: __________________________ Birth date: ______________ SS #: ___________________

Insurance Company Name: ____________________________________ Phone No: ______________________

Insurance Company Address to send claims: ____

Employer: __________________________________ Group No: __________ Insured's ID #: __________

CONSENT TO TREAT

Being the parent or legal guardian of this child, I hereby authorize this office and its doctors to examine and administer care to my son / daughter named ____ as the examining / treating doctor deems necessary.

I understand and agree the I am personally responsible for payment of all fees charged by this office for such care.

Parent's Name: _____________________________________ Signature ________________________________

Date: ________________________________ Witnessed by: _______________________________________

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