

NEW PATIENT INTAKE

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone (____) _____ Cell (____) _____ Work (____) _____

We use text messages for appointment reminders. Who is your cell phone company? _____

Email Address: _____ Gender _____

Social Security # _____ Birth Date: _____ Age _____

Occupation: _____ Employer Name and Address _____

Single ___ Married ___ Spouse's Name _____

Whom may we thank for referring you to our office? _____

YOUR HEALTH SUMMARY

What is your chief complaint? _____

Have you seen a Chiropractor before? _____ If yes, when? _____

Check all symptoms you have ever had even if they do not seem related to your current problem.

___ Headaches

___ Pins and needles in arms

___ Ringing in ears

___ Depression

___ Sleeping problems

___ Migraines

___ Pins and Needles in legs

___ Back Pain

___ Numbness in fingers

___ Tension

___ Neck Stiffness

___ Problem Urinating

___ Neck Pain

___ Loss of balance

___ Numbness in toes

___ Menstrual irregularity

___ Heartburn

___ TMJD

___ Dizziness

___ Fatigue

___ Cold Feet

___ Cold Hands

___ Vertigo

___ Shoulder Pain

Please list any medications you are taking: _____

If this is due to an injury or auto accident, what is the date of injury or accident? _____

Has this problem been getting better, worse, or staying the same? _____

What activities make your condition worse? _____

Any surgeries or hospitalizations? _____

Injuries or illnesses that you have had that are not listed above: _____

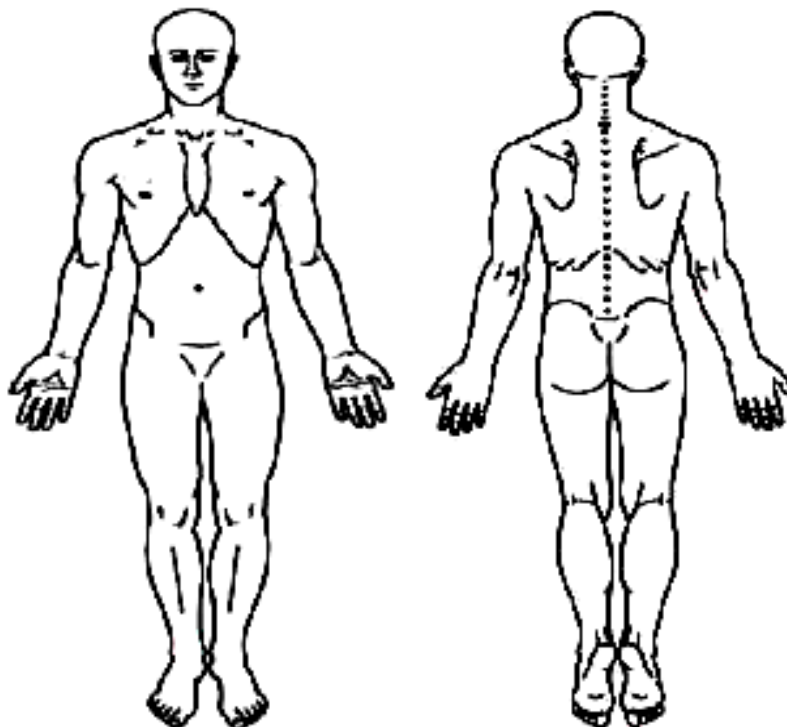
Do you have health insurance? Yes No

Or a HSA account? Yes No

If so, please provide the front desk with your card so we can verify your benefits with our office.

If you are in pain, please mark the exact location of your pain on the diagram below. Also describe the type and frequency of your pain, as well as any activity which brings on or aggravates the pain. For example, *dull, sharp, constant, off and on, when standing, when sitting, etc., etc.*

COMPLETE THESE DIAGRAMS



Financial Information

Payment in full is expected in all FIRST VISIT services. All other fees are to be paid at time of service unless other arrangements have been made and agreed upon in writing.

****The cash fee for a new patient is \$150.00, which includes the first consult, a chiropractic exam, treatment recommendations, and the first adjustment****

If your insurance company covers chiropractic care and you would like us to assist you in the billing process, please fill out the “Insurance Permission” section below.

Signature _____ Today’s Date _____

Insurance Permission

As a courtesy to you we will bill your insurance company. If payment is not received after 30 days, you should contact your insurance company and have them make payment. If, after 60 days, payment is still not received, you will be responsible for payment. We need your permission with respect to the following two statements or we cannot make claims directly to your insurance company:

“I authorize Catalyst Chiropractic to release to my insurance company any medical or other information necessary to process my insurance claims.”

“I authorize payment be made directly to Catalyst Chiropractic. I permit a copy of this authorization to be used in place of the original.”

Signature: _____ Date _____

Also, if you are not the subscriber on your health insurance policy, please provide the following subscriber information which is important for looking up medical benefits information and in the claims submission process. Thank you.

Subscriber’s name: _____ Subscriber’s date of birth: _____