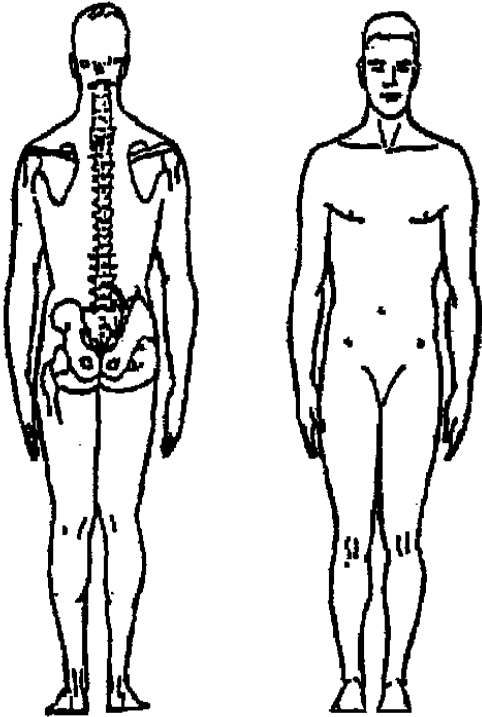


INFORMATION/APPLICATION FOR CARE

The following information is needed in order to better serve you. Please complete all questions. If you need help please ask the receptionist. (PLEASE PRINT.)

Today's Date _____
Name _____ Phone _____ E-Mail Address _____
Address _____ City _____ State _____ Zip _____
Age _____ Birth date _____ Marital Status: S M W D Number of Children _____
Your Employer _____ Occupation _____ Years On Job _____
Employer Address _____ City _____ State _____ Zip _____
Insurance Company _____ Who is the policy holder? _____
Name of Spouse or Parent _____ Their Birth date _____



COMPLETE THESE DIAGRAMS

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

MAJOR COMPLAINTS

(Please list any condition you are being treated for or are experiencing.)

Referred to our office by: _____

How payment will be made: Cash Check Credit Card Health Insurance
(Circle) Automobile Insurance Policy Worker's Comp.

Is your condition due to an accident? Yes ___ No ___ Date of accident? _____ Type of accident? Auto ___ Work ___
Have you ever been in an auto accident? Past Year ___ Past 5 Years ___ Over 5 Years ___ Never ___

I (we) agree to pay for services rendered to the above mentioned patient as the charge is incurred. I understand and agree that health & accident insurance policies are an arrangement between an insurance carrier and myself and that I am personally responsible for payment of any and all services covered or not covered. I also understand that if I suspend or terminate my care and treatment, any fee for professional services rendered me will be immediately due and payable.

Patient's Signature _____ Date _____

Or Guardian Signature _____ Date _____

Notice to our new patients: Full payment for services rendered is due at the end of each visit. If for any reason this request cannot be met, arrangements should be made in advance before seeing the doctor.

Insurance cases: On all insurance assignments, the deductible should be met in the beginning unless prior arrangements are made.