

# Barnes Chiropractic LLC

*"Health is Wealth"*

## Patient Intake Form

### Patient Information:

Title (circle): **Mr.**      **Mrs.**      **Miss**      **Dr.**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

### Employer Information:

Occupation: \_\_\_\_\_

Company: \_\_\_\_\_ # of Years \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Insurance:

1. Do you have Medicare? **Yes** **No**
  - a. If **'Yes'**....
    - i. *Please give your card to the front desk staff to make copies.*
    - ii. Do you have any insurance primary to Medicare?
      1. If **'Yes'**, *please give your card to the front desk staff to make copies.*
2. Have you been in a recent car accident or work accident and opened a claim? **Yes** **No**
  - a. If **'Yes'**, *please give your claim number to the front desk staff to make copies.*
3. We accept most Flex Spending Accounts or Health Savings Accounts.
4. I will be paying today by: **Cash**      **Check**      **Credit Card**
5. Please tell us who we can thank for referring you to our clinic! \_\_\_\_\_