

Healthy Back Chiropractic - Patient Information

1707 Lansing Ave. NE Salem, OR 97301

Patient Name _____ Date of Birth _____ SS # _____

Home phone _____ Cell Phone _____ E-Mail _____

Male Female // Minor Single Married Divorced Widowed Separated

Address _____

City _____ State _____ Zip _____

Patient's or parent/guardian's employer _____ phone _____

Business Address _____

City _____ State _____ Zip _____

Whom may we thank for referring you? _____

Person to contact in case of an emergency _____

Phone _____

In case of a medical emergency, if the patient is of school age 15+, is ok to treat in my absence.

Parent or Guardian _____ Date _____

Responsible Party Is the person currently a patient at our office? Yes No

Name of the Person responsible _____ Relationship to Patient _____

Date of Birth: _____ Address _____

Home Phone _____ Cell Phone _____

E-Mail _____

Employer _____ Work Phone _____

Do you have any insurance? No Yes Insurance Company _____

Do you have a secondary insurance? No Yes Insurance Company _____