

INTRODUCTION PATIENT CASE HISTORY

Today's Date: _____

PATIENT INFORMATION

Name: (Last, First MI) _____ **Preferred Name:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Home: _____ **Mobile:** _____ **Mobile Carrier:** _____ **Work:** _____
Email: _____ **Gender:** M / F **Marital Status:** Married / Other / Single
Social Security #: _____ **Date of Birth:** _____
Student Status: Full Student / Part Student / Non-Student **Employed** **Employer:** _____
***Referred By:** _____

Ethnicity: Hispanic or Latino / Other

Preferred Language: _____

Race: Asian / African Am. / Am. Indian or Alaskan Native /
Other / Native Hawaii or Pacific Island / White

Smoking Status: Every Day / Some Days / Former / Never

EMERGENCY CONTACT INFORMATION

Full Name: _____ **Primary Care Physician:** _____
Home: _____ **Mobile:** _____ **Doctor's Phone:** _____
Relationship: Child / Parent / Spouse / Other: _____

FINANCIAL INFORMATION

Insurance Worker's Comp Self-Pay (Cash) Personal Injury/Auto Other (please explain): _____

PRIMARY INSURANCE

SECONDARY INSURANCE

Name: _____

Name: _____

Relation to Insured: Self / Spouse / Parent / Child / Other

Relation to Insured: Self / Spouse / Parent / Child / Other

Other than Self:

Other than Self:

Insured's Name: _____ **Gender:** M / F

Insured's Name: _____ **Gender:** M / F

Address: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Date of Birth:** _____

Phone: _____ **Date of Birth:** _____

Who is responsible for payment? Self / Other - (*Relationship*) _____

Other than Self:

Full Name: _____ **Phone:** _____

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

It is Usual and Customary to Pay for Services as Rendered Unless Otherwise Arranged

Patient No: _____

Ash Chiropractic & Acupuncture

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