

Preferred Choice Chiropractic, PA.

1116 6th Street 109 NE 5th Street 703 Thielen Dr. 600 Twelve Oaks Center Dr. #638
Howard Lake, MN 55349 Little Falls, MN 56345 St. Michael, MN 55376 Wayzata, MN 55391

Patient Information Form

Important: Please Complete the Entire Form

Last Name:		Employer:		
First Name:	Middle Initial:	Address:		
Address:		City:	State:	Zip:
City:	State:	Zip:	Work Phone:	
Phone	Home:	Cell:	Employment Status: full time part time	
Email:		Fax:	retired not employed	
Birth Date:		Student: full time part time not a student		
SS#:	Sex: M F			
Marital Status:	Married	Single	Widowed	
	Divorced	Seperated	Emergency Contact:	
		phone:		

Responsible Party Information (if patient is under age 18)

Full Name:		Relationship to Patient:	
Full Address			
Phone:	Home:	Cell:	Work:
SS#:	Birth Date:		

Employer Name & Address:

Insurance Information

Primary Insurance: ID# Group#

Secondary Insurance: ID# Group#

Auto Insurance Claim #

Most Recent Onset of Symptoms:

Accident Type: auto non-accident work other Date of Last X-ray:

Date of Original Injury: State in Which Injury Occurred:

Referring Physician: Attorney:

How has this condition impacted the patient or family?

Does the patient have any religious beliefs or cultural practices/requests that the doctor

should be aware of? yes no

please describe:

How did you hear about our office? phone book seminar newspaper
patient (name): other:

Patient Signature: Date:

(Parent or guardian signature required if the patient is a minor)