

case\_\_\_\_\_

## PATIENT INFORMATION

Date\_\_\_\_\_

Name\_\_\_\_\_ Social Sec. # \_\_\_\_\_  
(last) (first) (middle init.)

Address\_\_\_\_\_  Male  Female  
City\_\_\_\_\_ ST \_\_\_\_\_ Zip\_\_\_\_\_

Birth date \_\_-\_\_-\_\_\_\_ Age \_\_\_\_\_ single married divorced widowed separated

Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Work Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ email address \_\_\_\_\_

By which contact would you prefer to receive confidential communications?

Home phone  Cell Phone Work Phone  Email

Referred by:  (person) \_\_\_\_\_  road sign

Yellow pages: Verizon AT&T Yellow Book  
www.DrGregoryPing.com Internet search

Employer\_\_\_\_\_ Occupation\_\_\_\_\_

Address\_\_\_\_\_

Spouse's name \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse's employer \_\_\_\_\_ Address \_\_\_\_\_

Referred by \_\_\_\_\_

Have you had chiropractic care before? \_\_\_\_\_ When? \_\_\_\_\_

### Insurance Information

(Please provide insurance cards for us to copy.)

Insurance company \_\_\_\_\_

Are you the primary insured? Yes/No If not, who? \_\_\_\_\_

What is their date of birth? \_\_\_\_-\_\_\_\_-\_\_\_\_

Secondary insurance company \_\_\_\_\_