

HANDS OF LIGHT CHIROPRACTIC CARE

PATIENT INFORMATION

Patient Name: _____

Address: _____

City: _____ State: _____ ZIP _____

Home Phone: (____) _____ Cell : (____) _____ Work: (____) _____

Email Address: _____ (We send appointment reminders by email.)

Birth Date: _____ Gender: Male Female Other specify _____

Marital Status: Single Married Committed Partnership Divorced Widowed

Race: _____ Ethnicity: Hispanic or Latino Non-Hispanic or Latino (Leave blank if you prefer)

Employment Status: Unemployed Employed Retired Disabled Student

part time full time

Occupation/Job Title _____ Employer: _____

Start Date: _____

Spouse/Partner Name: _____

Spouse/Partner Occupation: _____ Employer _____

Emergency Contact Name: _____ Phone: (____) _____

Relationship of Emergency Contact to Patient: _____

What HOBBIES or ACTIVITIES do you enjoy?

EDUCATION: (circle highest level completed)

Elementary High school Associate Deg. Bachelor Deg. Graduate Degree: Masters PhD. Major: _____

Primary care Physician: _____ Phone (____) _____

Other Physicians: _____

Please list all major ACCIDENTS/INJURIES/FALLS you have had, continue on the back if necessary:

Date of Injury: Part of Body Injured: Type of Accident: Do you still have symptoms from this injury?

1. _____

2. _____

3. _____

Please use the lines below to List All SURGERY you have had, continue on the back if necessary:

Date: Type of surgery: Reason for surgery: Outcome/result:

1. _____

2. _____

3. _____

4. _____

5. _____

Please List All MEDICATIONS which you take now, continue on the back if necessary:

Medication name: Reason you take it: Date started: Results:

1. _____

2. _____

3. _____

4. _____

5. _____

I understand that Dr. Boylan is NOT IN NETWORK WITH ANY INSURANCE and payment is due at the time of service.

As a courtesy, out of network claims will be filed after payment is received with instructions that insurance is to refund you according to your benefits.

Patient Signature (Parent/Guardian if under age 18): _____ Date: _____