

Preferred Choice Chiropractic, PA.

1116 6th St

109 NE 5th St

921 Central Ave #200

621 Parker Ave W

3165 Fernbrook Ln N

Howard Lake, MN 55349

Little Falls, MN 56345

St. Michael, MN 55376

Dassel, MN 55325

Plymouth, MN 55447

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			Emergency Contact:			
Marital Status:		Married		Single		Widowed		phone:	
		Divorced		Seperated					

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)