Preferred Choice Chiropractic, PA.

1116 6th St, Howard Lake, MN 55349 | *109 NE 5th St, Little Falls, MN 56345* | *921 Central Ave #200, St. Michael, MN 55376* | *621 Parker Ave W, Dassel, MN 55325* | *3165 Fernbrook Ln N, Plymouth, MN 55447*

Patient Information Form

Important: Please Complete the Entire Form

Last Name:			**Employer:**		
First Name:	**Middle Initital:**		**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**		**Emergency Contact:**		
	Divorced **Seperated**		**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)

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