

Welcome and Thank You for choosing Glenn Frieder Chiropractic

Patient In-Take Form

Personal Information:

Patient name: _____

Address: _____

City/State/Zip: _____

Birthdate: _____ Age: _____ Gender: M _____ F _____

Home phone: _____ Cell phone & carrier: _____

Email address: _____

Social security number (optional): _____

Marital status: M _____ S _____ W _____ D _____ Number of children: _____

Spouse's name: _____ Cell phone: _____

May we ask how you were referred to us? _____

In case of emergency

Contact name: _____

Contact phone number: _____ Relationship: _____

Employment Information

Employer name: _____

Address: _____

City/State/Zip: _____

Occupation: _____

Were you in an auto accident? _____ Date: _____

Were you in a work-related accident? _____ Date: _____

Insurance Information

We do not bill for any insurance, with the exception of Medicare. For Medicare patients, GFCC will do the billing for you, however, we do not accept assignment, and payment is due in full at time of visit. Medicare sends any reimbursement directly to you. GFCC will provide documentation and receipts for patients who wish to seek reimbursement from their health insurance company.

I clearly understand & agree that all services rendered to me are charged directly to me & that I am personally responsible for payment. I also understand that if I suspend or terminate my care & treatment, any fees for treatment rendered to me will become immediately due and payable.

Patient signature: _____ **Date:** _____