

WELCOME TO BRADY CHIROPRACTIC GROUP, PC

File # _____

Date _____

PATIENT ENROLLMENT

Thank you for choosing our practice for your Chiropractic needs. If you have any questions or concerns, please ask for assistance. We will be happy to help you. Thank You.

Name _____ Date of Birth _____

Mobile Phone _____ Home Phone _____ Work Phone _____

Birth Sex: Female Male

Address _____ City _____ State _____ Zip _____

E-mail Address _____ Primary Language _____

Are you: Minor Single Married Domestic Partnership Divorced Separated Widow

Race: American Indian or Alaskan Native Asian Black or African American Hispanic

Native Hawaiian or Other Pacific Islander White

Your Occupation _____ Your Employer _____

Emergency Contact _____ Phone Number _____

Name of person responsible for this account if other than the patient? _____

Address _____ City _____ State _____ Zip _____

Phone _____ Relationship _____

INSURANCE

We are happy to bill your health insurance for you. Please provide us with your insurance card and ID. We do need to have a copy of each on file to bill your insurance.

Is this visit related to an accident?

Automobile Yes No

Work Related Yes No

Other Yes No

Date of injury _____ Time _____ Place _____

Insurance Company _____

Claim # _____ Adjuster Phone # _____