



Personal Information

Thank you for choosing our practice for your chiropractic needs. Please complete this form in ink.

If you have any questions or concerns, do not hesitate to ask for assistance. We are happy to help!

Name _____ Date _____
 Address _____ City _____ ST _____ ZIP _____
 Soc. Security # _____ Sex: Male Female
 Birth Date _____ Home # _____ Work # _____
 Are you: Married Single Cell # _____
 Your employer _____ Occupation _____
 Spouse/parent name _____ Workplace _____ Work # _____
 Person to contact in case of emergency _____ Phone # _____
Who Referred You To Our Office? _____
 E-mail Address _____

Insurance Information

Name of subscriber _____ Relationship _____
 Subscriber Date of Birth _____ *** Please Present Card ***

Assignment and Release

I, the undersigned, certify that I have insurance with _____
 and assign directly to Dr. Miller all insurance benefits, if any, otherwise payable
 to me for services rendered. I understand that I am financially responsible for
 all charges whether or not paid by insurance. I hereby authorize the doctor to
 release all information necessary to secure the payment of benefits. I authorize
 the use of this signature on all insurance submissions.

_____ Responsible Party Signature _____ Date _____

Chiropractic Information and Release

It is very important that you understand that chiropractic is much different from medical care. Medical care is sickness-oriented while chiropractic is wellness-oriented and preventive in nature. Chiropractic is centered on the whole-body correction of problems ranging from brain dysfunction (cerebral palsy, autism, Asperger's, etc.) to organ dysfunction (heartburn, irritable bowel syndrome, etc.) to musculoskeletal dysfunction (pain in back/shoulder/hip, headaches, etc.). You may experience symptoms in one place, but there is likely something wrong elsewhere as well. For that reason, Dr. Miller will be evaluating every possibility regarding the dysfunction that has brought you into this office for treatment. Chiropractic is well-known to be a non-invasive and effective form of health care. While chiropractic care is normally quite safe there is a low risk of complications. Most of the time this only manifests as soreness or a brief period of dizziness or light-headedness. If you would like to know more about possible risks, please wait to sign this consent until after you have talked to Dr. Miller. By signing below, you certify that all of the information you filled out on this form is correct to the best of your knowledge and you understand the possible complications and you consent to treatment from North Bend Chiropractic and Golf Fitness Center PLLC.

_____ Signature _____ Date _____