



Patient Information Form

Name: _____

Cell Phone: _____

Email address: _____

Home Address: _____

City: _____ Zip Code: _____

Spouse's Name: _____ Work Phone: _____

Date of Birth: _____

Nearest Relative not living with you: _____ Phone: _____

Nearest friend not living with you: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Whom may we contact in the case of an emergency? _____

Phone: _____

Whom may we thank for referring you to us? _____

Phone: _____

Did you sustain an injury at work?

Y N

Are you covered under an employer or union policy?

Y N

Are your injuries accident related?

Y N

Is your spouse or other family member employed?

Y N

Are you currently employed

Y N

Do you have a secondary insurance policy?

Y N

Who is responsible for this bill? _____

I have received services by another provider for the condition for which I seek treatment today and I will promptly disclose any necessary information to my insurance carrier necessary to resolve any issues they may have. I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance of my account for any professional services rendered. I have read all the information on this sheet and have completed the above answers. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in my status or the above information.

Name: _____

Signature: _____

Date: _____

Please be advised that under the Health Insurance Portability and Accountability Act (HIPAA), all Intake Form information will be held confidential, protected and never shared unless by exclusive and direct consent by the treated patient. In the event that medical information must be shared exclusively with clinical/administrative professionals for the purposes of patient's treatment, he/she will be notified prior to sending.

SMS Communication Opt-In Form

We offer text message (SMS) services for appointment reminders, follow-up instructions, and general communication related to your care. By selecting your preference below, you consent to receiving SMS messages.

- I Opt-In to receive SMS notifications related to my appointments, treatment updates, and other health-related reminders.**
- I Opt-Out of SMS notifications and prefer to be contacted via email or phone call only.**

Consent to SMS Communication

I understand that standard message and data rates may apply. I also acknowledge that I can change my preferences regarding SMS notifications at any time by contacting the clinic.

- I consent to receive SMS messages as outlined above.**
- I do not consent to receive SMS messages.**