



# RUSSELL CHIROPRACTIC HEALTH CENTER

## WELCOME

USE BLACK INK ONLY

PATIENT # \_\_\_\_\_

### PATIENT INFORMATION

### SUBSCRIBER'S INFORMATION

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
Mid Initial \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Primary # \_\_\_\_\_

Secondary # \_\_\_\_\_

Sex:  M  F. Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Single  Married  Divorced  Widowed

Patient Social Security # \_\_\_\_\_

Occupation: \_\_\_\_\_

In Case of Emergency:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### REFERRAL INFORMATION

Who referred you? \_\_\_\_\_

Family  Friend  Advertising (where) \_\_\_\_\_

### ACCIDENT INFORMATION

Is condition due to an accident?  NO  YES Date \_\_\_\_\_

Type of accident:  Auto  Work  Home  Other

To whom have you made a report of your accident?:

Auto Insurance  Employer  Worker's Comp  Other

### PATIENT CONDITION

Describe your complaint (symptoms) in detail

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Insurance: 1) \_\_\_\_\_

2) \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SUBSCRIBER'S BIRTHDATE: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Subscriber's Employer: \_\_\_\_\_

### ASSIGNMENT AND RELEASE

I, the undersigned certify that I (or my dependent) have insurance coverage with above named insurance company and assign directly to: Dr. Hubert W. Russell, Jr. of Russell Chiropractic Health Center, P.C. all insurance benefits, if any, otherwise payable to/by 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. I agree to be financially responsible for all charges incurred at this clinic including my insurance deductible, co-payment, and any services rejected by my insurance company.

Patient Signature \_\_\_\_\_

Relationship \_\_\_\_\_

### CIRCLE YOUR CURRENT PAIN LEVEL

NECK      low pain      moderate pain      intense pain

MID BACK      low pain      moderate pain      intense pain

LOW BACK      low pain      moderate pain      intense pain