



Patient Information

Date: _____ SSN _____ DOB _____

Name (First & Last): _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Gender: Height: _____ Weight _____

M Home #: _____ Cell # _____

F

Marital Status
Single Married Divorced Widowed **Children** YES NO How Many: _____

Emergency Contact

Name: _____ Phone _____

Relation: _____

Preferred Method of Communication (Choose One)

* We will send you a reminder 1 day prior to your appointment

Text Message-please provide your cell phone carrier: _____

E-mail (choose one or both): Reminders Monthly Newsletter

Who may we thank for referring you? _____

Are we billing insurance for you?

Yes-please fill out the next 2 sections

No, I will be paying out of pocket-please skip to the next page

Employer Information

Employment Status

Employed Unemployed Self-Employed Student

Employer: _____ Occupation: _____

Insurance Information

Primary Insurance Carrier: _____

ID # _____ Group # _____

Secondary Insurance Carrier: _____

ID # _____ Group # _____

Is your injury/illness work related? YES NO

Have you reported your injury to your employer? YES NO Date of Injury ___/___/___

Is your Injury/Illness Related to an Automobile Accident? YES NO

Insurance Carrier: _____ Claim # _____

Claim Adjuster: _____ Phone # _____

ASSIGNMENT AND RELEASE

I, the undersigned assign directly to Dimaano Chiropractic, Inc./Romeo E. Dimaano, D.C./Aaron Ayala, D.C. 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 Romeo E. Dimaano, D.C./Aaron Ayala, D.C. to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions and/or requests pertaining to my physical condition, including, but not limited to, all records, reports, progress notes, reports of diagnostic tests, x-rays and/or medical opinion.

Responsible Party Signature: _____ **Relationship:** _____ **Date:** ___/___/___