



**ENTRANCE APPLICATION**

PLEASE FILL OUT THE PERSONAL INFORMATION BELOW? IF YOU NEED ASSISTANCE PLEASE INFORM THE FRONT DESK PERSON. THANK YOU!

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Gender  Male  Female Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ **Marital Status** S M W D

**Job Title** \_\_\_\_\_ Work Phone \_\_\_\_\_

**Spouse's Name** \_\_\_\_\_ Spouse's Birthdate \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Person responsible for this account** \_\_\_\_\_

Name of person on your health insurance card \_\_\_\_\_

Name of their employer \_\_\_\_\_ City \_\_\_\_\_

Employer Phone \_\_\_\_\_

Children—Names & Ages \_\_\_\_\_

**In case of emergency, whom should we contact?** \_\_\_\_\_

**Phone** \_\_\_\_\_

**FAMILY PHYSICIAN:** \_\_\_\_\_

**What is your primary complaint?** \_\_\_\_\_

**IS THIS WORKMAN'S COMPENSATION?** \_\_\_\_\_ **IS THIS PERSONAL INJURY?** \_\_\_\_\_

**Patient Informed Consent**

I, \_\_\_\_\_, the undersigned, consent to care at this clinic. I understand that I have the opportunity to discuss with the doctor and/or with other office personnel, the nature and purpose of chiropractic adjustments and progressive wellness. I hereby request and consent to the performance of chiropractic procedures, including various modes of physio therapy, diagnostic x-rays, and any supportive therapies on me (or on the patient above, for whom I am legally responsible) by the doctor of chiropractic and support team at HealthSource. I also understand that as is with all healthcare treatments, results are not guaranteed, there is no promise to cure and that there are some risks. Risks include, but are not limited to; aggravating and/or temporary increase in symptoms, muscle spasms, fractures, disc injuries, strokes, dislocations and sprains. I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor's judgment, based upon the facts then known, is in my best interests. I further understand that chiropractic adjustments and supportive treatment is designed to reduce and/or correct subluxations allowing the body to return to improved health. It can also alleviate certain symptoms through a conservative approach with hopes to avoid more invasive procedures.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures.

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