

## Welcome to Ondracek Chiropractic Center

Please provide the receptionist with proper ID/and insurance card  
if the visit is due to an accident, please advise the receptionist.

Referred By: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Patient's name: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status \_\_\_\_\_ Number of Children \_\_\_\_\_

### Employment Information:

Name of Company: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Position Held: \_\_\_\_\_

### Reason for Visit:

Chief Complaint: \_\_\_\_\_ What brought this on: \_\_\_\_\_

Type of Pain: Dull Sharp Slight Other

Is the pain: Constant Frequent On/Off

Is there a family history of this problem? Yes or No

If yes please indicate whom:

Was this caused by an accident? Yes or No

If yes, was the accident work related? \_\_\_\_\_ other

Is there a possibility that you may be pregnant? Yes or No

### Insurance Information:

Name of Insurance Company: \_\_\_\_\_

Name of the Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

ID# \_\_\_\_\_ Group# \_\_\_\_\_ Effective Date: \_\_\_\_\_

I authorize Dr. Ondracek and Staff of this clinic to examine and treat me as deem necessary. I understand and agree that (regardless of my insurance status) I am ultimately responsible for the balance on my account for any and all professional services rendered. I have read all the information and completed the above answers. I certify this information is true and correct to the best of my knowledge. I will notify Ondracek Chiropractic Center of any changes in my health status of the above information.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (If Minor)

\_\_\_\_\_  
Date