



**Personal Information**

Thank you for choosing our practice for your chiropractic needs. Please complete this form in ink.

If you have any questions or concerns, do not hesitate to ask for assistance. We are happy to help!

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 Soc. Security # \_\_\_\_\_ Sex:  Male  Female  
 Birth Date \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_  
 Are you:  Married  Single Cell # \_\_\_\_\_  
 Your employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Spouse/parent name \_\_\_\_\_ Workplace \_\_\_\_\_ Work # \_\_\_\_\_  
 Person to contact in case of emergency \_\_\_\_\_ Phone # \_\_\_\_\_  
**Who Referred You To Our Office?** \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**Insurance Information**

Name of subscriber \_\_\_\_\_ Relationship \_\_\_\_\_  
 Subscriber Date of Birth \_\_\_\_\_ \*\*\* Please Present Card \*\*\*

**Assignment and Release**

I, the undersigned, certify that I have insurance with \_\_\_\_\_  
 and assign directly to Dr. Miller 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 the doctor to  
 release all information necessary to secure the payment of benefits. I authorize  
 the use of this signature on all insurance submissions.

\_\_\_\_\_ Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

**Chiropractic Information and Release**

It is very important that you understand that chiropractic is much different from medical care. Medical care is sickness-oriented while chiropractic is wellness-oriented and preventive in nature. Chiropractic is centered on the whole-body correction of problems ranging from brain dysfunction (cerebral palsy, autism, Asperger's, etc.) to organ dysfunction (heartburn, irritable bowel syndrome, etc.) to musculoskeletal dysfunction (pain in back/shoulder/hip, headaches, etc.). You may experience symptoms in one place, but there is likely something wrong elsewhere as well. For that reason, Dr. Miller will be evaluating every possibility regarding the dysfunction that has brought you into this office for treatment. Chiropractic is well-known to be a non-invasive and effective form of health care. While chiropractic care is normally quite safe there is a low risk of complications. Most of the time this only manifests as soreness or a brief period of dizziness or light-headedness. If you would like to know more about possible risks, please wait to sign this consent until after you have talked to Dr. Miller. By signing below, you certify that all of the information you filled out on this form is correct to the best of your knowledge and you understand the possible complications and you consent to treatment from North Bend Chiropractic and Golf Fitness Center PLLC.

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_