



WATERS CHIROPRACTIC

11090 Trails End Rd.
Truckee, CA 96161
(530) 308-7784

PATIENT INFORMATION

Patient Name: _____

 Last First M.I.

Date: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Best time and place to reach you: _____

E-Mail: _____

Sex: M F Age: _____ DOB: _____

Single Married Separated Minor

Divorced Widowed Partners _____ years

Whom may we thank for referring you? _____

Special Requests: _____

Occupation: _____

Employer: _____

Employer Address: _____

Employer Phone: (____) _____

Spouse's Name: _____

DOB: _____ SS#: _____

Spouse's Employer: _____

IN CASE OF EMERGENCY, CONTACT

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

ACCIDENT INFORMATION

Is this condition due to an accident?

Yes No Date: _____

Type of Accident: Auto Work Home Other

To whom have you made a report of your accident?

Auto Insurance Employer Work Comp Other

Attorney Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Fax: (____) _____

E-Mail: _____

Attorney Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Fax: (____) _____

E-Mail: _____

INSURANCE

Account Holder: _____

Relationship to Patient: _____

Insurance Co: _____

Group #: _____

Additional Insurance: Yes No

Subscriber's Name: _____

DOB: _____ SS#: _____

Relationship to Patient: _____

Insurance Co: _____

Group #: _____