## Introduction Patient Case History

ATIENT INFORMATION					
Name: (First MI Last)	·		Preferred Name:		
Address:	(	City:	State:	Zip:	
Home:	Mobile: N	Aobile Carrier:	Work: _		
Email:		Gender: M/F	Marital Status: Sing	gle / Married / Othe	
Social Security #:		Date of Birth:			
Student Status: Full Stu	dent / Part Student / Non-Student	Employed: Y / N			
Ethnicity: Hispanic or Latino / Not Hispanic or Latino / Decline		ne Preferred Langua	Preferred Language: English / Decline / Other:		
Race: Asian / African Ar	merican / American Indian or Alaskan	Native / Other / Native Hav	waii or Pacific Islander /	White / Decline	
*Referred By: (Name): _		Family / Friend / Co-Worke	r / Doctor / Other Sourc	e	
MERGENCY CONTACT INFORMATIO	DN				
Name: (First MI Last)		Primary Care Ph	Primary Care Physician:		
Home:	Mobile:	Doctor's Phone:	Doctor's Phone:		
NANCIAL INFORMATION					
	er's Comp	sonal Injury/Auto 🔲 Othe	T (please explain):		
	er's Comp	sonal Injury/Auto			
☐ Insurance ☐ Worke		SECONDARY INSU	RANCE		
PRIMARY INSURANCE Insurance Name:	er's Comp	SECONDARY INSU Insurance Name:			
☐ Insurance ☐ Worke  PRIMARY INSURANCE  Insurance Name:		SECONDARY INSU Insurance Name: Relation to Insure	RANCE		
☐ Insurance ☐ Worked  PRIMARY INSURANCE  Insurance Name: ☐  Relation to Insured: Self.  Other than Self:		SECONDARY INSUITABLE INSURANCE Name: Relation to Insure Other than Self:	RANCE	nt / Child / Other	
☐ Insurance ☐ Worked  PRIMARY INSURANCE  Insurance Name:  Relation to Insured: Self  Other than Self:  Insured's Name:	lf / Spouse / Parent / Child / Other	SECONDARY INSUITABLE Insurance Name: Relation to Insure Other than Self: Insured's Name	RANCE  ed: Self / Spouse / Parer	nt / Child / Other <b>Gender:</b> M / F	
☐ Insurance ☐ Worked  PRIMARY INSURANCE  Insurance Name:  Relation to Insured: Self  Other than Self:  Insured's Name:  Address:	lf / Spouse / Parent / Child / Other Gender: M / F	SECONDARY INSUING INSURANCE Name: Relation to Insure Other than Self: Insured's Name Address:	RANCE ed: Self / Spouse / Parer	nt / Child / Other <b>Gender:</b> M / F	
☐ Insurance ☐ Worked  PRIMARY INSURANCE  Insurance Name:  Relation to Insured: Self  Other than Self:  Insured's Name:  Address:  City:  Phone:		SECONDARY INSUITABLE Insurance Name: Relation to Insure Other than Self: Insured's Name Address: City: Phone:	RANCE ed: Self / Spouse / Parer e: State: Date of I	nt / Child / Other Gender: M / F Zip: Birth:	
☐ Insurance ☐ Worked  PRIMARY INSURANCE  Insurance Name:  Relation to Insured: Self  Other than Self:  Insured's Name:  Address:  City:  Phone:		SECONDARY INSUITABLE Insurance Name: Relation to Insure Other than Self: Insured's Name Address: City: Phone:	RANCE ed: Self / Spouse / Parer e: State: Date of I	nt / Child / Other Gender: M / F Zip:	
☐ Insurance ☐ Worked  PRIMARY INSURANCE  Insurance Name:  Relation to Insured: Self  Other than Self:  Insured's Name:  Address:  City:  Phone:		SECONDARY INSUITABLE Insurance Name: Relation to Insura Other than Self: Insured's Name Address: City: Phone:	RANCE ed: Self / Spouse / Parer e: State: Date of I	nt / Child / Other Gender: M / F Zip:	
☐ Insurance ☐ Worket  PRIMARY INSURANCE  Insurance Name:  Relation to Insured: Self  Other than Self:  Insured's Name:  Address:  City:  Phone:	If / Spouse / Parent / Child / Other Gender: M / F State: Zip: Date of Birth:	SECONDARY INSUITABLE Insurance Name: Relation to Insura Other than Self: Insured's Name Address: City: Phone:	RANCE ed: Self / Spouse / Parer e: State: Date of I	nt / Child / Other Gender: M / I Zip:	
☐ Insurance ☐ Worke  PRIMARY INSURANCE  Insurance Name:  Relation to Insured: Sel  Other than Self:  Insured's Name:  Address:  City:  Phone:  Phone:  CSPONSIBLE PARTY  Who is responsible for particular than Self:	If / Spouse / Parent / Child / Other Gender: M / F State: Zip: Date of Birth:	SECONDARY INSUITABLE Insurance Name: Relation to Insure Other than Self: Insured's Name Address: City: Phone:	RANCE ed: Self / Spouse / Parer e:State:Date of I	nt / Child / Other Gender: M / F Zip:	
☐ Insurance ☐ Worked  PRIMARY INSURANCE  Insurance Name:  Relation to Insured: Self  Other than Self:  Insured's Name:  Address:  City:  Phone:  ESPONSIBLE PARTY  Who is responsible for party  Other than Self:  Name: (First MI Last)	If / Spouse / Parent / Child / Other  Gender: M / F  State: Zip: Date of Birth:  payment? Self / Other - (Relationship)	SECONDARY INSUITABLE Insurance Name: Relation to Insura Other than Self: Insured's Name Address: City: Phone:	RANCE  ed: Self / Spouse / Parer  E:  State:  Date of I	at / Child / Other Gender: M / F Zip: Birth:	

It is Usual and Customary to Pay for Services as Rendered Unless Otherwise Arranged