

Chart # _____

Welcome

Brantley Chiropractic, P. C. 420 West Avenue North Augusta, SC 29841
(803) 202-0202 phone (803) 202-0201 fax

Date: _____ Mr. Mrs. Ms. Miss Dr. Name: _____
SS# _____ Date of Birth: _____ Age: _____
Marital Status: Single Married Widowed Separated Divorced
Address: _____ City _____ State _____ Zip _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Cell Phone Company _____
Please Circle: Male Female (Any possibility you are pregnant?) YES or NO
Sex at birth: Male Female Date of Last Menstrual Period _____

Employer: _____
Employers Address: _____
What is your occupation and actual job duties? _____ How long? _____
Spouse's Name _____ DOB: _____
Spouse's Employer _____

IN CASE OF EMERGENCY, CONTACT:

Name _____ Relationship _____
Home Phone _____ Work/Cell Phone _____

CMS requires providers to report both race and ethnicity

Preferred language _____ Race _____
Ethnicity (Circle one): Hispanic or Latino / Not Hispanic or Latino / I Decline to Answer

Primary Care Physician (first and last name): _____
Address: _____ Phone _____

Preferred method of communication for reminders (Circle one): Email/Cell Phone/Mail/Home Phone
Email Address: _____

Have you been a patient of Brantley Chiropractic, P.C. in the past? YES or NO
Whom may we thank for referring you? _____

I choose to decline receipt of my clinical summary after every visit. (These summaries are often blank because of nature and frequency of chiropractic care)

***You are fully responsible for all cost incurred at this office, regardless if you have insurance.
If you have insurance, we file as courtesy.***

ASSIGNMENT AND RELEASE

I, the undersigned certify that I (or my dependent) have insurance coverage with _____, I understand that I am financially responsible for all charges at time of service and if any payment is due by Insurance Company it will be paid to policy holder. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of the signature on all insurance submissions.

Responsible Party Signature Relationship Date

Intake

PLEASE TURN OVER