Lincolnwood Chiropractic Health Center
6837 N Lincoln Ave
Lincolnwood, IL 60712
Tel. 847.675.8305 Fax. 847.675.8306

Lincolnwood Chiropractic Health Center is compliant with the Health Insurance Portability and Accountability Act. Your Protected Health Information will not be released to an uncovered entity under HIPAA unless you authorize it.

Patient Information

Patient Name: _____ **Date of Birth**: _____ **Age**: _____
First Last

Address: _____
Street City State Zip Code

Telephone: _____ **May we leave a message?** ☐ Yes ☐ No
Daytime Mobile

Email: _____ **Preferred method of contact:** ☐ Email ☐ Mobile Phone

Marital Status: ☐ Single ☐ Married: _____
Do you have Children ☐ Yes ☐ No Name of Spouse/Partner/Parent Date of Birth (if Primary Insurance holder)

Have you seen a Chiropractor before? ☐ No ☐ Yes _____
Physician and Location Date of Last Visit

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Occupational Information

Current Employer: _____ Position: _____ Years Employed: _____

Student Information

☐ Part Time Student ☐ Full Time Student School: _____
Area of Study

Financial Responsibility

Are your current symptoms related to, or as a result of an: ☐ Auto Accident ☐ Work Injury ☐ Personal Injury

Assignment of payment: ☐ Insurance ☐ Auto Claim ☐ Workman's Comp ☐ Attorney's Lien ☐ Self-Pay

"I understand that I am financially responsible for all service charges rendered at Lincolnwood Chiropractic Health Center whether or not paid by insurance or a third-party payer."

X

_____
Patient Signature or Responsible Representative Patient Name Printed Date