Petry
CHIROPRACTIC & WELLNESS

New Patient Form – Child (Under 18)

Date _____/_____/_____

Full Legal Name: _____ Date of Birth: _____

Street Address: _____ Home Phone: _____

City/State/Zip: _____ Cell Phone: _____

Social Security Number: _____ Gender* (circle one): Male Female

Names of family members being treated at our clinic:_____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Who referred you to our office? _____

Preferred language: _____

Ethnicity* (circle one): Hispanic/Latino Non Hispanic/Latino I decline to answer

Race* (circle one): American Indian or Alaska Native / Asian / Black or African American / White (Caucasian) / Native Hawaiian or Pacific Islander / Other / I decline to answer

Does child live with (circle one): Both Parents Father Mother

Mother's Name _____ Work/Cell Phone (_____) _____ -_____

Mother's DOB _____/_____/_____ Social Security # _____- _____- _____

Occupation _____ Employer _____

Father's Name _____ Work/Cell Phone (_____) _____- _____

Father's DOB _____ _/_____/____ ____ Social Security # _____ -_____-___ _____

Occupation _____ Employer _____

Circle the type of care you desire: Temporary relief Long term corrective Doctor Recommendation

☐ **I choose to decline receipt of my clinical summary after each visit.** (These summaries are often blank as a result of the nature and frequency of chiropractic care.)

Patient Agreement	ASSIGNMENT AND RELEASE I, the undersigned, have insurance coverage with _____ Name of Insurance Company And assign directly to Dr. _____ all medical 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 my insurance submissions. _____ _____ Signature of Parent/Guardian Date

For office use only
Height: _____ **Weight:** _____ **Blood Pressure:** _____/_____

*Required per Federal Guidelines