

**New Patient Information**  
PLEASE PRINT

Name \_\_\_\_\_ Social Security# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**How did you hear about us?**

Please check all that applies

Referral (Who) \_\_\_\_\_  Insurance Directory

Spinal Screening (Where) \_\_\_\_\_  Magazine

Yellow Pages \_\_\_\_\_  Primary Doctor

Sign (location) \_\_\_\_\_  Other

**Current Complaint:**

Reason for visit?

\_\_\_\_\_

How long have you had this problem? \_\_\_\_\_

Are you symptoms constant? Yes/No or does it come and go? Yes/No

Have you had a similar condition in the past? Yes/No If yes when?

\_\_\_\_\_

What have you done for the problem? \_\_\_\_\_

**Medical History:**

What other health problems do you have? \_\_\_\_\_

What medications are you presently taking? \_\_\_\_\_

Do you smoke? Yes/ No If yes how many packs? \_\_\_\_\_

Have you had any surgeries? \_\_\_\_\_

Have you ever been diagnosed with cancer? \_\_\_\_\_

Have you been involved in an auto accident? Yes/No When? \_\_\_\_\_

**Primary Doctor Information:**

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of last physical \_\_\_\_\_

**Insurance Information:**

Insurance Type: \_\_\_\_\_ Insurance ID number: \_\_\_\_\_

Primary Policy Holders Name: \_\_\_\_\_

\*Any X-Rays taken at this office will remain the property of this office; if needed they may be borrowed for a specified period of time.

\*I authorize CCWC to release information to my insurance company for payment. I authorize release of CCWC from other facilities regarding treatment. The above statements are true to the best of my knowledge.

**\*\*PLEASE GIVE YOUR INSURANCE CARD TO RECEPTIONIST\*\***

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_