

**Great Lakes Chiropractic**  
Patient Information sheet

**General Info:**

Patient Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Marital Status: S M D W Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

\*\*\*\*\*

**Spouse or Guardian:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

\*\*\*\*\*

**Emergency- Name and address of nearest friend or relative not living with you:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

\*\*\*\*\*

**Copayments/Deductibles due at time of service.**

Payment Method: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card

\*\*\*\*\*

**Insurance:**

Insurance Company: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Id/Policy#: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Id/Policy#: \_\_\_\_\_

Please inform us if this is a Workers Comp injury or Auto Accident

\*\*\*\*\*

**Referral:** How did you hear about coming to our office?: \_\_\_\_\_

\*\*\*\*\*