

# Welcome Back to Marion Family Chiropractic

Today's Date \_\_\_\_\_

Date of Last Visit \_\_\_\_\_

Legal Name \_\_\_\_\_ Home phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Marital Status \_\_\_\_\_ Name of Spouse/Partner \_\_\_\_\_

Names and Ages of Children \_\_\_\_\_

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

Has your insurance company or coverage changed\*?  Yes  No

\*PLEASE provide a picture ID, your insurance card and policy holder's name & date of birth

Reason for returning to this office (check all that apply):

- Wellness and Preventive Care  To resume care plan
- Specific pain and/or health problems (please explain)

\_\_\_\_\_  
\_\_\_\_\_

Are these reasons different than when you were in this office last?  Yes  No

Have you seen any other health care providers since your last visit?  Yes  No

If yes, whom and why?

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else that has happened in your life that we should know about since your last visit?

\_\_\_\_\_  
\_\_\_\_\_

Please list any prescription/non-prescription medications you are taking:

(please turn over)

\_\_\_\_\_

Demographic Data Our Federal Office of Management and Budget (OMB) has asked that we collect the following Data. No personal information is associated with this data when we send it to OMB.

- |   |   |                                       |                                   |                                    |                                     |                                     |                                   |
|---|---|---------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|
| <b>Race:</b>                              | <input type="checkbox"/> American Indian or Alaskan | <b>Ethnicity:</b>                     | <input type="checkbox"/> Hispanic | <b>Language:</b>                   | <input type="checkbox"/> Arabic     | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Asian            |   | <input type="checkbox"/> Non-Hispanic |                                   | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Korean     | <input type="checkbox"/> Russian    |                                   |
| <input type="checkbox"/> Black            |   | <input type="checkbox"/> Declined     |                                   | <input type="checkbox"/> English   | <input type="checkbox"/> Mandarin   | <input type="checkbox"/> Spanish    |                                   |
| <input type="checkbox"/> Caucasian        |   |                                       |                                   | <input type="checkbox"/> French    | <input type="checkbox"/> Other      | <input type="checkbox"/> Tagalog    |                                   |
| <input type="checkbox"/> Declined         |   |                                       |                                   | <input type="checkbox"/> German    | <input type="checkbox"/> Persian    | <input type="checkbox"/> Ukrainian  |                                   |
| <input type="checkbox"/> Other Race       |   |                                       |                                   | <input type="checkbox"/> Hindi     | <input type="checkbox"/> Polish     | <input type="checkbox"/> Urdu       |                                   |
| <input type="checkbox"/> Pacific Islander |   |                                       |                                   | <input type="checkbox"/> Italian   | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Vietnamese |                                   |

Name of person responsible for account \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Welcome Back. We look forward to providing your chiropractic care.

Dr. Jennifer F. Eames  
Dr. Stacy R. Tam  
Dr. James M. Gomes