Precision Sport & Spine: Registration & History Form **Today's Date:** ______________________________

First Name: ______________________ Last Name: ___________________________ Nick Name: ________________

Home Address: __________________________________ City _________________ State _____ Zip _________

Mailing Address: ________________________________ City __________________ State _____ Zip _________

Home Phone: ( ) _____________________________ Cellular Phone: ( ) ______________________________

Fax Number: ( ) ______________________________ E-Mail Address: ___________________________________

Sex: O Male O Female DOB: ____/_____/_____ Age: _____ O Single O Married O Widowed O Separated O Divorced

Patient SSN: ____________________________________ Number of Children: ______ Ages: ____________________

• Occupation: _____________________________________ Employer: _______________________________________

Employer Address: _______________________________ City ____________________ State ______ Zip __________

Employer Phone # ( ) _________________ Ext. ______ May we call you at work? O Yes O No Initials ________

Person Responsible for Account: ___________________________

SPOUSE INFORMATION:

Spouse's Name: __________________________________ DOB: ____/_____/_____ SSN: ______________________

Spouse's Cell Phone: ( ) _________________________ E-MAIL Address:_________________________________

Occupation: _____________________________________ Spouse's Employer: _______________________________

Employer Address:______________________________ City____________________ State:_________ Zip__________

Employer Phone #________________________________

Family Doctor: __________________________________ Doctor's Phone #: __________________________________

May we update your doctor regarding your progress? O Yes O No Initials ______________________

● How did you hear about our office? ____

Whom may we thank for referring you? ____

● Have you ever received chiropractic care: O Yes O No How long ago? _________ With whom? ______________

How many visits did you receive or frequency of care? ____

Where you satisfied with the care you received? O Yes O No How could it have been better? ______________________

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● In Case of Emergency - Contact:

Name: _______________________________________ Relationship: ___________________________________

Address:_____________________________________ City________________________ State_____ Zip__________

Phone #: ( ) ___________________________________

Women Only: Is there any possibility that you may be pregnant? Yes______ No______ Uncertain________

● Accident Information

Is this condition due to an accident? O Yes O No   Date of injury: ______________________________

Type of Accident: O Auto O Work O Home O Other

To whom have you made a report of your accident?   O Auto Insurance O Employer O Other

Attorney Name: ____________________________   Assistants Name: ____________________________

Phone: ( ) ____________________________   Fax: ( ) ____________________________

Address: ____________________________   City ______________ State ______ Zip ________

● Visitors Only: (Non San Antonio Area Residence)

Where are you staying? ________________________   Phone # ( ) ____________________________

Local Address: ____________________________   City ______________ State ______ Zip ________

Primary Insurance

Insurance Carrier: ____________________________   Customer Service#______________________

Guarantor's Name:____

Relationship to Insured: ____

Guarantor's Address:____________________________ City ______________ State _____ Zip ________

Guarantor's Phone: : ( ) ______________   Guarantor DOB: ______________   Sex: O Male O Female

Policy #__________________________   Group #__________________

Secondary Insurance

Secondary Insurance Carrier: ____________________________   Customer Service#__________________

Guarantor's Name:____

Relationship to Insured: ____

Guarantor Address:____________________________ City ______________ State _____ Zip ________

Guarantor Phone: : ( ) ______________ Guarantor DOB: ______________   Sex: O Male O Female

Policy #__________________________   Group #__________________

Consent To Treat A Minor

I, the undersigned, attest that I am the custodial parent or legal guardian of the above-referenced minor, and hereby authorize Precision Sport & Spine to administer physical examination, x-ray examination, chiropractic diagnosis or treatment, which is deemed advisable by a licensed chiropractor, be rendered under the general or special supervision of any licensed chiropractor. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required but is given to provide authority to give specific consent to any and all such diagnosis and treatment which chiropractor, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

Parent/Legal Guardian Signature:____________________________   Date:________________

Authorization For Release Of Information & Consent For Treatment

I authorize this office to release any medical information relating to my treatment to any insurance companies which may be responsible for paying benefits to me, and/or to any attorneys that may represent me due to my condition.

Assignment Of Benefits:

I hereby assign payment directly to the physician(s) accepting this assignment of medical benefits applicable and otherwise payable to me but not to exceed the physician's regular charges. I understand that I am financially responsible for charges not covered by this assignment or for any and all charges that the insurance carrier declines to pay. It is further agreed that any credit or balance resulting from payment of insurance or other sources may be applied to any other accounts owed to said physician/doctor by the insured or his / her family.

I understand if I am accepted as a patient of Precision Sport & Spine, I am authorizing them to proceed with any treatment that may be necessary; furthermore, any risk regarding Chiropractic treatment will be explained to me upon my request. I have read, understood, and agree to the foregoing. The information which I have provided is true and complete to the best of my knowledge.

Signature:______________________________________   Date: ________________