

PATIENT INFORMATION/CONSENT FORM

WELCOME

We welcome you to Brighton Clinic of Chiropractic and want to provide you with the best possible care. We congratulate you on your decision to choose a holistic approach to your health. We will conduct a thorough history and physical examination to decide if we can assist you. If we believe that your condition will not respond to chiropractic care, we will not accept you as a patient, but will refer you to another health care provider, if appropriate.

PAYMENT/INSURANCE

Except for Medicare, this office is Out-of-Network with all insurance companies; however, we understand that many people still have insurance. We are more than happy to print a statement of your visits so that you can submit it to your insurance company for possible reimbursement as your insurance is a contract between you and the insurance company and not with Brighton Clinic of Chiropractic. Please be aware that not all services offered by this clinic are covered by health insurance companies. You are responsible to make payment in full for each visit.

PATIENT IDENTIFICATION

E-mail: _____

Name (First/M.I./Last): _____ Date of Birth: _____

Address/Apt #: _____ Age: _____

City: _____ State: _____ Zip Code: _____

Phone number(s) where we can leave a detailed message: _____ (Cell/Home/Work)

_____ (Cell/Home/Work)

Male Female Check if you are: Single Married Widowed Divorced Separated

Occupation: _____ For how long? _____

Contact in case of emergency (Name/Phone/Relation): _____

Name of Parent/Guardian of Minor (If applicable): _____

REFERRED BY (*How did you find out about our clinic?*) _____

Do you have MEDICARE insurance? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES , be sure the front desk makes a copy of ALL your insurance cards so they can determine eligibility.
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ACCEPTANCE/CONSENT AS PATIENT

I understand and agree that Brighton Clinic of Chiropractic has the right to refuse to accept me as a patient at any time before treatment begins or if I should fail to show compliance (if accepted as a patient) during the recommended treatment plan. The taking of a history and conducting a physical examination/evaluation are not considered treatment but are part of the process of information gathering so that the doctor can determine whether to accept me as a patient. If accepted as a patient, this signature is also my consent for treatment and shows that I understand and have read the financial policy at the front desk.

Signature: _____ Today's Date: _____

(Parent/Guardian Signature if applicable)