

Audette Chiropractic Clinic, P.A.

Registration Form

Please completely fill out this form

Name _____ Birth Date _____

Address _____ City _____ State _____ Zip code _____

Home phone (____) _____ Cell Phone (____) _____ E-mail _____

Present Employer _____ Business Phone (____) _____

Mailing address (*if different* from above) _____

Emergency contact information: Name _____ Relationship _____

Home phone (____) _____ Cell phone (____) _____

Mark appropriately: Child Single Married Divorced Separated Widowed

How did you learn about our office? Phone Book Internet Health Care Referral Friend/Relative

If a health care referral, friend or relative, please list his or her name: _____

If child or teen, please list:

Father's full name _____ Home phone (____) _____

Mother's full name _____ Home phone (____) _____

Person responsible for this account _____

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- Is this a work-related injury? Yes No
 - Is this an auto accident-related injury? Yes No
 - Are you being represented by an attorney for injuries sustained from an auto accident or worker's compensation? Yes No

I understand and agree all services rendered to me are charged directly to me and that I am personally responsible for payment.
I hereby authorize the performance of such diagnostic and therapeutic procedures as may be necessary for proper chiropractic care.

Signature (Parent or guardian if patient is a minor)

Today's Date