

# Back-2-Wellness<sup>PA</sup>

Massage • Chiropractic • Wellness

## Patient Information Sheet

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Do you have Health Insurance? \_\_\_\_\_ What company? \_\_\_\_\_

Are you Pregnant? \_\_\_\_\_ Do you have Medicare or Medicaid coverage? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail (Back-2-Wellness will not share this information): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you been to a Chiropractor before? \_\_\_\_\_ How long ago? \_\_\_\_\_

Have you had a massage before? \_\_\_\_\_ How long ago? \_\_\_\_\_

Are you aware of any reason you should not be manipulated or have therapy? \_\_\_\_\_

If so, please explain \_\_\_\_\_

In case of an emergency, who should we contact?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Phone #: \_\_\_\_\_

Relation to you: \_\_\_\_\_

May we discuss your condition with this person? \_\_\_\_\_