

LOGAN UNIVERSITY

CHIROPRACTIC HEALTH CENTERS

New Patient Profile

Account Number: _____ Social Security Number: _____

First Name: _____ Initial: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Gender: Male Female Marital Status: M S D W

Work Status: Employed Retired P/T Student F/T Student Unemployed

Employer: _____

How did you hear about the Logan University Chiropractic Health Centers?

- | | | |
|---|--|---|
| <input type="checkbox"/> Logan Chiropractic Intern | <input type="checkbox"/> Logan Student (not an intern) | <input type="checkbox"/> Logan faculty/staff member |
| <input type="checkbox"/> Other Logan patient | <input type="checkbox"/> First Responder | <input type="checkbox"/> Drove by location/saw sign |
| <input type="checkbox"/> Website search | <input type="checkbox"/> Logan website | <input type="checkbox"/> Insurance provider list |
| <input type="checkbox"/> Health Fair/Lecture/Athletic Event | <input type="checkbox"/> Other: _____ | |

Name of Insurance: _____ Insured Name: _____

Insured's ID#: _____ Insured's Date of Birth: _____

Person responsible for paying the bills if other than above:

Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____

Do you have Medicare or a Medicare Replacement: Yes No

Emergency Contact: _____ Phone Number: _____

Accident/Injury Information

Is today's visit related to employment? Yes No

Is today's visit related to an automobile accident? Yes No

Is today's visit related to another type of accident? Yes No

If you answered Yes to any of the questions, please list the state in which the accident occurred: _____

What was the date of the accident? _____

Has this been a problem in the past? If so, please list and give the date: _____

If there is a referring physician, please list his/her name: _____

Signature: _____ **Date:** _____

Office use only:

Category: _____ Type of Account: _____ Doctor ID: _____ Intern Name: _____

Bogey Hills Health Center
636-947-4770

Montgomery Health Center
636-230-1990

79 Crossing Health Center
636-397-3545

Southfield Health Center
314-849-3800

Updated: 3/27/14