Kenyon Chiropractic

Patient Data **Date_____Acct_____Age_____**

Last Name:_____First Name :_____MI:_____

Address:_____City:_____St:_____Zip:_____

Home Phone:_____Cell Phone:_____Work Phone:_____

BirthDate:_____Sex:_____Email:_____

SSN:_____-_____-_____ Marital Status: Single:_____ Married:_____ Other:_____

Employment Status: Employed_____ Retired_____Student_____Other_____

Employer Data

Name:_____Address:_____

City:_____St:_____Zip:_____

Insurance Data

Name Of Primary Insured:_____DOB:_____SSN:_____-_____-_____

Employer:_____Relationship to Insured: Self:_____Spouse:_____

Dependant_____Other_____

Spouse Data

Is your spouse a patient in the Clinic? Yes_____No_____

First Name:_____MI:_____Last Name:_____

Work Phone:_____Cell Phone:_____

Whom May we Thank for referring you?_____

Race (check One)

White_____ Black/African American_____ Hispanic_____ American/Alaskan Indian_____ Asian_____

Chinese_____ Filipino_____ Japanese_____ Korean_____ Vietnamese_____

Native Hawaiian or other Pacific Island_____ Other_____

Multi Racial (Check One) Yes_____ No_____ Unknown_____

Ethnicity (Check One) Hispanic or Latino_____ Not Hispanic or Latino_____ I choose not to specify_____

Preferred Language (Check One) English_____ Spanish_____ American Sign Language_____ Chinese_____ French_____ German_____ Other_____

Patient History Name Date

Do you currently smoke any tobacco of any kind?

Have you ever Smoked_____ If so how often?_____ Current Daily smoker_____

Smokes Sometimes_____

Verification Question (Choose only **one** question then give the answer to the chosen question.)

What is the name of your favorite pet?_____ In what city where you born? _____

Mothers maiden Name? _____ Answer to Above Chosen question _____

Signature _____ Date _____