

WELCOME TO BRUGGER CHIROPRACTIC

NAME _____ DATE _____

STREET ADDRESS _____ P.O. BOX _____

CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH _____ AGE _____ SOCIAL SECURITY # _____

HOME PHONE _____ WORK PHONE _____ CELL _____

EMPLOYER _____ OCCUPATION _____

SPOUSE'S NAME _____ SPOUSE EMPLOYER _____

Marital Status: M S D Email Address: _____

WHO REFERRED YOU TO DR. BRUGGER ? _____

REASON FOR VISIT _____

**IF YOU HAVE INSURANCE THAT YOU WOULD LIKE US TO FILE WE
WILL MAKE A COPY OF YOUR CARDS**

Please provide Policy Holder's Date of Birth _____

CONTACT PERSON IN CASE OF EMERGENCY _____ PHONE _____

FEMALES: APPROXIMATE DATE OF LAST MENSTRUAL CYCLE _____

CONSENT FOR TREATMENT, FINANCIAL RESPONSIBILITY AND ASSIGNMENT OF BENEFITS

I voluntarily consent to receive Medical and Chiropractic services that may include Chiropractic adjustments, diagnostic procedures, examinations and treatments. I agree to pay all charges for services rendered that are not covered by my Insurance Company. I authorize my Insurance Company to pay directly to Paul B. Brugger, DC of Brugger Chiropractic, 3008 S. Church Street, Suite A in Burlington, North Carolina. I also agree to have my name listed on Dr. Brugger's Thank-You Board when I refer patients.

I CERTIFY THAT I HAVE READ THIS FORM AND UNDERSTAND ITS CONTENTS

Patient or Guardian's Signature _____