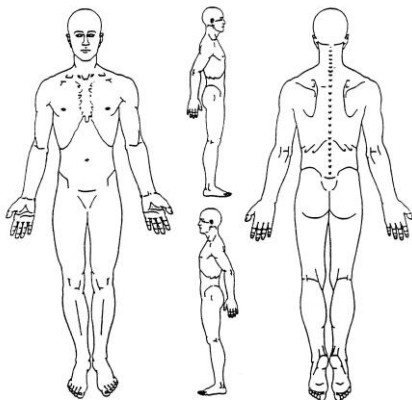


**NEW PATIENT INFORMATION**  
 Welcome to our office! Please complete all questions.

<b>Full Name:</b> _____			<b>Date:</b> _____		
<b>Address:</b> _____			<b>City/State/ Zip:</b> _____		
<b>Home Phone</b> _____		<b>Work Phone</b> _____		<b>Cell Phone</b> _____	
<b>E-Mail Address:</b> _____		<b>Birthdate:</b> _____		<b>Age:</b> _____	
<b>Your Employer:</b> _____			<b>Occupation:</b> _____		
<b>Marital Status:</b> Single    Married    Divorced    Widowed			<b>Spouse's Name:</b> _____		
<b>Children's Full Names &amp; Birthdates:</b> _____					
<b>Emergency Contact Name &amp; Phone:</b> _____					
<b>How did you find out about us? (Circle all that apply)</b>					
Person _____ Came here before GadsdenTimes.com		Newspaper Dr. Mike    Dr. Leslie		McClellan Website Phonebook Dr. Taylor	
		Internet Screening Other:		Massage Patient Sign/Location BNI	
<b>Insurance Co #1</b> _____			<b>Policy #</b> _____		
<b>Subscriber's Name:</b> _____		<b>Relationship:</b> _____		<b>DOB:</b> _____	
<b>Address:</b> _____			<b>Employer/Group Name:</b> _____		
<b>Insurance Co #2</b> _____			<b>Policy #</b> _____		
<b>Subscriber's Name:</b> _____		<b>Relationship:</b> _____		<b>DOB:</b> _____	
<b>Address:</b> _____			<b>Employer/Group Name:</b> _____		
<b>Method of Payment for First Visit:</b>			<b>Cash</b>		<b>Check</b>
			<b>Credit Card</b>		
<b>Is your complaint due to an Auto Accident?</b>			<b>Yes</b>	<b>No</b>	<b>Date:</b> _____
<b>Is your complaint due to a Work Injury?</b>			<b>Yes</b>	<b>No</b>	<b>Date:</b> _____

Please mark the location(s) of your pain



Please describe your reason for seeking treatment

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fees are payable at the time x-rays, examinations & treatments are received, unless other arrangements are made in advance. X-rays remain the property of this clinic.**

**Patient or Guardian Signature:** \_\_\_\_\_