



5440 W. Franklin Rd. #107 • Boise, Idaho • (208) 336-7900 •

BoiseChiropracticCare.com

PATIENT HISTORY

No Ins [] Reg Ins [] PI [] Auto [] WC [] Other _____

Patient Information

Name: First, Middle, Last			Account #	
DOB	Age	SSN	Marital Status (please check one) [S] [M] [D] [W]	
Street Address		City	State	Zip Code
Employer	Work Phone	Home Phone	Cell Phone	
Employer's Address		City	State	Zip Code
Email Address			Permission to email newsletters [] Yes [] No	

Responsible Party

Name: First, Middle, Last		DOB	SSN
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Spouse

Name: First, Middle, Last		DOB	SSN
Work Phone	Employer		
Employer's Address	City	State	Zip Code

Primary Insurance Coverage

Insurance Company	Phone	Insured	Relation to Patient
Address	City	State	Zip Code
Policy Number	ID #		

Coverage Information:

Deductible

Met?

Co-pay

Other

Signature of Patient or Legal Guardian

Date