

CANYON CHIROPRACTIC

Patient Information Sheet

Name _____ Date of Birth _____ Age _____

Address _____ City _____ St _____ Zip _____ Phone _____

SS# _____ Marital Status _____ Number of Children _____

Employer _____ Occupation _____ Work Phone _____

Parent/Spouse Name _____ Parent/Spouse Phone Number _____

Parent/Spouse Employer and Work Phone Number _____

Who may we thank for your referral to our office? _____

Major complaints and symptoms: (where do you hurt?) _____

How do you believe your symptoms began? _____

If in an accident, where did it occur and when? _____

Have you missed any work? _____

Have you been to a chiropractor before? _____ If yes, please list: _____

Have you been treated by another doctor for this condition? _____

If yes, please list: _____

Have you ever had a similar problem? _____

Who is your primary care physician? _____

List any medication which you are currently taking (or bring a list): _____

List any surgeries and the year: _____

Do you have any health problems not listed above? _____

Please present your insurance card to the front desk upon arrival. We will do a complimentary verification and file on your behalf.

NOTICE TO ALL PATIENTS

Canyon Chiropractic strives to provide high quality health care for the entire family at affordable rates. However, not all services rendered in this office are covered by insurance plans or may be deemed "not medically necessary" by the insurance company. In those cases, insurance will not pay for those services. Some of those services may include:

- New Patient Exams \$40-\$80
- Established Patient Re-exams \$18-\$54
- Spinal Manipulations \$37-\$58
- X-Rays \$75-\$95 per series
- Extremity Manipulations \$10-\$20
- Electrical Muscle Stimulation \$11-\$18
- Ultrasound Therapy \$12-\$21
- Cold Laser Therapy \$30
- Spinolator Therapy \$15-\$18
- Manual Therapy ART PNT \$30
- Supplementation \$9-\$46
- Durable Goods (Pillows, Shoe inserts, Heel lifts, etc.) \$4-\$42

Total Estimate of Expected Charges for Initial Visit: \$98 - \$381 Patient Initials _____

Canyon Chiropractic has informed me that my insurance may not cover my care. I understand that if my insurance does not deem these services payable that I am liable for all billed charges.

Patient Signature _____ Date _____