DENNIS CHIROPRACTIC

New Patient Form

Thank you for choosing Dennis Chiropractic!

Date: File #:

Patient Information

Title: Mr. ☐	Mrs. ☐	Ms. ☐	Dr. ☐

Name:
First Last

Preferred Name: (If different from above)	Date of birth: Day Month Year
Legal Sex: Male ☐ Female ☐	Current Gender Identity:

Address:

Apartment #:	City:	Postal Code:
Primary Phone #:	Secondary Phone #:	E-mail:
Occupation:	Reason for seeking care: (area of pain)	

What type of care interests you? Pain Relief ☐ General Wellness ☐

How did you hear about us? Friend or relative ☐ Website ☐ Instagram ☐ Facebook ☐
Google ☐ Other ☐ (please specify):

Extended Health Care

Insurance Company Name:	Group ID/Policy Number:	Member Number:
Name of Cardholder:	Relationship to Cardholder: (self, spouse, child)	

For your convenience, we can keep a credit card on file (optional)

Number: Expiry: CCV:

Clinic Fees

Initial Assessment: $90 Chiropractic Treatment: $45 Acupuncture Treatment: $60
Comprehensive Treatment: $85 Thirty Minute Massage: $60 Sixty Minute Massage: $100

I agree and understand that I am responsible for all charges relating to my visit.

Name: Signature:

Please continue on next page →

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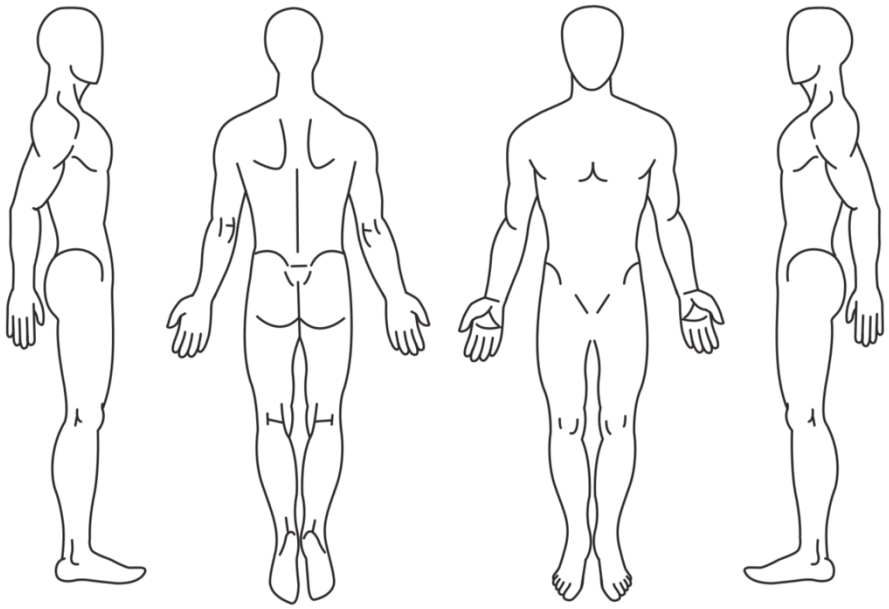
Continued

Health History

Is this complaint a result of a motor vehicle accident? No ☐ Yes ☐ Date of accident:	
Please indicate your area of pain on the body diagram using the following symbols: ○ dull ache △ stiff/tight × sharp ? numb ϟ shooting/electric feel free to use your own words	
Please rate your pain on a 1-10 scale. (10 being the worst pain you have ever experienced) /10	
Current health conditions:	
Current medications:	
Previous surgeries: Year:	
Do you have or previously had cancer? No ☐ Yes ☐ If yes, where?	
Have you experienced any <u>unexplained</u> weight loss or weight gain? No ☐ Yes ☐	
Do you smoke? No ☐ Yes ☐ If yes, how many per day?	

Terms

- We are proud to offer direct billing to your insurance provider at your convenience. I understand I am responsible for all outstanding charges that my insurer does not cover. Participating insurers are listed at DennisChiropractic.ca/directbilling
- I, the above named credit card holder, give Dennis Chiropractic authorization to charge my credit card for payment of services, payment of goods, and/or payment for any outstanding balance I may incur. I understand I will be held responsible for all agreed upon charges. The credit card is only authorized for the charges listed above.
- Dennis Chiropractic may enforce a 12-hour cancellation policy for any missed appointment. A cancellation fee may be applied as a missed appointment prevents other patients from scheduling at that time.

I certify that I have read and understand the above terms.

Date:

Name: Signature: