

HEDGLON CHIROPRACTIC CENTER, INC.

1313 East Sample Road
Pompano Beach, FL 33064

Dr. Paula Rossi Hedglon
(954) 946-1799

*Welcome to our office!
You are special and we thank you for your trust!*

Date: _____

File No: _____

PATIENT INTRODUCTION CARD

1. Name (last, first, middle): _____	7. Date of birth: _____	8. How young are you? _____
2. Address (street, city state, zip): _____ _____	9. Social Security No.: _____	
3. Telephone: _____ (cell phone) _____	10. Native Language: _____	
4. Employer Name and Address: _____ _____	11. <input type="checkbox"/> Male <input type="checkbox"/> Female 12. <input type="checkbox"/> Married <input type="checkbox"/> Single Spouse's Name: _____	
5. Work Telephone: _____	13. No. of children: _____	
6. E-Mail Address: _____	14. Is it possible you are pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	15. Referred by: _____	

16. Describe your problem. (How and when do you think it started?) _____

17. Have you had a prior diagnosis about this? Yes No What? _____

18. Have you had chiropractic care before? Yes No

Where? _____

When? _____

19. Do you have health insurance? Yes No Company _____

20. Are you here due to: an on the job injury auto accident?

21. Have you ever had any falls, auto accidents or injuries? Yes No
When, Type of Accident, Describe: _____

22. Describe any surgery you have had (when and what type): _____

23. List any present medications and why you are taking them: _____

RELEASE AND ASSIGNMENT

I authorize release of any information necessary of process my insurance claims and assign and request payment directly to my physicians.

Patient's Signature _____ **Date** _____