

J. V. Chiropractic

675 Ygnacio Valley Road, Suite B-210, Walnut Creek, CA 94596 (925) 927-4620

Confidential Information

Name: _____ Home Phone: _____ Cell Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Social Security Number: _____ Age: _____
Occupation: _____ Employer: _____
Work Address: _____ City: _____ St: _____ Zip: _____
E-Mail Address: _____ Work Phone: _____
Marital Status (circle one) M S D W Spouse's Name: _____ Children? _____
Who May we thank you for referring you to our Office? _____

Is this injury or illness related? Employment () Auto Accident ()
Date: _____ Location: _____
Insurance Company: _____ Phone: _____

Do you have Health Insurance? Yes () No () Policy# _____
Primary Insurance Company: _____ Phone: _____
Secondary Insurance Company: _____ Phone: _____
In Case of an Emergency: Who should we contact? _____ Relationship: _____
Their Home Phone# _____ Work Phone# _____

Why Chiropractic? People go to Chiropractors for a variety of reasons. Some go for symptomatic relief of pain (Relief Care). Others are interested in having the cause of the problem as well as symptoms corrected and relieved (Corrective Care). Your doctor will weigh your needs and describe the two when recommending your treatment program.

Relief Care
Relief Care is that care necessary to get rid of your symptoms or pain, but not the cause of it. It is the same as drying a floor that was getting wet from a leak, but not fixing the leak.

Corrective Care
Corrective care differs from relief care in that its goal is to get rid of the symptoms or pain while correcting the cause of the problem. Corrective care varies in length of time, but is more lasting.

Our office policy requires payment in full for all services rendered at the time of visit, unless other arrangements have been made with JV chiropractic. I authorize JV chiropractic and his staff to perform any necessary services to me during diagnosis and treatment of my condition. I authorize the provider to release any information required to process insurance claims and that I am ultimately responsible for all charges incurred. I understand the above information and guarantee this form was completed correctly to the best of my knowledge and understand it is my responsibility to inform this office of any changes in my medical status.

Patient's Signature: _____ Date: _____

Thank You For Allowing Us To Serve You!!