PATIENT INFORMATION

Dr. K.B. Jenkins, D.C.
Dr. S. Bounket, D.C.
Dr. J.S. Thomas, D.C.

Date _____

E-mail Address: _____

☐ Please add me to the mailing list for appointment reminders **ONLY.**
DO NOT add me for clinic announcements and newsletters.

Name: _____

Address: _____ City: _____ Postal Code: _____

Primary Phone: _____ Alternate Phone: _____

Occupation or Profession: _____ Date of Birth: (DD/MM/YY) 01 01 _____

Marital Status: Ⓢ Ⓜ Ⓦ Ⓓ Common-law Spouse Name: _____ Number of children: _____

Emergency Contact (Name & Phone): _____

Previous Chiropractic Care: Y☐ N☐ By Whom: _____ Last Seen: _____

Medical Practitioner: _____ Last Seen & Why: _____

Alberta Health Care #: _____ Gender: Ⓜ / Ⓕ / Other

Private Health Insurance? Y☐ N☐ Name of Company: _____

Who referred you to this office? _____

Is this a work related injury (WCB)? Y☐ N☐ Has your employer been notified? Y☐ N☐

Is this a Motor Vehicle Accident (MVA)? Y☐ N☐ On what date did the accident occur? _____

Have you ever had any falls, accidents, or injuries (including MVA/WCB)? Y☐ N☐ If yes, please explain: _____

_____

Have you ever had surgery? Y☐ N☐ If yes, please explain and give dates: _____

_____

Please list any previous or current illnesses: _____

_____

Medication presently taking: _____

_____

Purpose of visit/primary complaint(s): _____

Have you had treatment for this complaint(s) elsewhere? What kind (chiro, physio, massage, etc) and when?

_____

_____

I clearly understand and agree that all services rendered to me, that are not covered by insurance or WCB, are charged directly to my account, and that I am responsible for payment of services as they are performed.

Patient Signature: _____

232 McKnight Blvd N.E.
Calgary AB T2K 6A5

spineguys.com

Phone: (403)275-3800
Fax: (403)274-8596