Dr. Jeff Echols, DC
NEW PATIENT INFORMATION FORM

Please print clearly:

Name _____ Date _____

Address _____ Apt.# _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ Cell _____

E-mail address: _____

How did you find out about us? : _____

Occupation _____ Employer _____

Date of Birth _____ Age ____ Sex: M/F Height _____ Weight _____

Overall health (circle one): Excellent / Good / Fair / Poor / Other: _____

Chief complaint (reason you are here): (use separate sheet if more room needed)

_____

Previous treatments for this complaint _____

_____

Other complaints or problems: (use separate sheet if needed) _____

_____

Current medications/drugs being taken: (use separate sheet if needed) _____

_____

Are you currently under the care of a physician or other health care professionals?

(If yes, please give name and date of last visit):

_____

Nutritional supplements you are taking: _____

How can we best serve you?

___Get rid of the symptoms, ONLY.

___Get rid of the symptoms, AND then correct the underlying problem so that it has less chance of returning.

___Get rid of the symptoms, correct the problem, AND also talk to me about supplements and nutrition so that I can be as healthy as possible and get the most out of life.

I understand and agree that regardless of my insurance status I am ultimately responsible for the balance of my account for any professional services rendered. I have read all of the information on these forms and have completed the answers. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in my status or the above information. *Signature* _____ *Date* _____ *Parent (if minor)* _____ *Date* _____

My credit card will be charged for any office visit not cancelled within 24 hours. The fee will not be deducted from any prepaid amount, as prepaid amounts are strictly for care.

Services and products offered in a chiropractic practice are treatments, and there is no guarantee as to their success. The practice will not provide refunds for payment of services provided or products purchased.

_____Initial