



5460 W. Franklin Rd. Suite M • Boise, Idaho • (208) 336-7900 •
BoiseChiropracticCare.net

PATIENT HISTORY

No Ins [] Reg Ins [] PI [] Auto [] WC [] Other _____

Patient Information			
Name: First, Middle, Last			Account #
DOB	Age	SSN	Marital Status (please check one) [S] [M] [D] [W]
Street Address		City	State Zip Code
Employer	Work Phone	Home Phone	Cell Phone
Employer's Address		City	State Zip Code
Email Address			

Responsible Party		
Name: First, Middle, Last	DOB	SSN

Spouse			
Name: First, Middle, Last			DOB SSN
Work Phone	Employer		
Employer's Address	City	State	Zip Code

Primary Insurance Coverage			
Insurance Company	Phone	Insured	Relation to Patient
Address	City	State	Zip Code
Policy Number		ID #	

Coverage Information:	Deductible	Met?	Co-pay
Other			

Signature of Patient or Legal Guardian

Date