

Audette Chiropractic Clinic, P.A.

Registration Form

Please completely fill out this form

Name _____ Birth Date _____

Address _____ City _____ State _____ Zip code _____

Home phone (____) _____ Cell Phone (____) _____ E-mail _____

Present Employer _____ Business Phone (____) _____

Mailing address (*if different* from residence address) _____

Name and phone number of person we may contact in case of an emergency _____

Name of nearest relative not living with you _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Home phone (____) _____ Cell phone (____) _____

Mark appropriately: Child Single Married Divorced Separated Widowed

How did you learn about our office? Newspaper Phone Book Radio Internet Friend/Relative

If from a friend or relative, please list his or her name: _____

If child or teen, please list:

Father's full name _____ Home phone (____) _____

Mother's full name _____ Home phone (____) _____

Person responsible for this account _____

- Is this a work-related injury? Yes No
- Is this an auto accident-related injury? Yes No
- Are you being represented by an attorney for injuries sustained from an auto accident or worker's compensation? Yes No

I understand and agree all services rendered to me are charged directly to me and that I am personally responsible for payment.
I hereby authorize the performance of such diagnostic and therapeutic procedures as may be necessary for proper chiropractic care.

Signature (Parent or guardian if patient is a minor)

Today's Date