



PATIENT UPDATE INFORMATION

Name _____ Date _____

Current Address _____

City, State, Zip _____

Telephone: Home _____ Cell: _____ Email: _____

Current Employer _____ Occupation _____ Work Telephone # _____

Current Insurance Info:

(Please present your insurance card to the receptionist)

Name of Insured _____ ID # _____

Insured's Employer _____ Insured's Date of Birth _____

In order for us to best serve you, we must naturally have all available information regarding your present health. To bring our original case history up to date, would you please provide us with the following information:

PLEASE PRINT:

1. My present symptoms are _____

2. Recent Injuries or Accidents _____

3. Recent Surgery _____

4. Last Physical _____

5. Last Adjustment _____

6. Since I last saw you, I have been seen by Dr. _____

7. Patient Comments: _____

Medical Release/Assignment of Benefits

I authorize Pomperaug Chiropractic & Holistic Center, PC to release any Protected Health Information necessary to process my claims for health care benefits. I agree to assign the benefits of my insurance carrier to Pomperaug Chiropractic Center. I understand that I am fully responsible for any unpaid or unassigned portion of charges incurred at this office. Regardless of insurance status, charges for services rendered are ultimately the patient's responsibility.

Permission to Communicate Confidential Health Information

I authorize Pomperaug Chiropractic & Holistic Ctr., PC to communicate confidential health Information to me via the following confidential formats:

Email Listed Above; _____ Voicemail/Answering Machine at the following number: _____ Only speak directly with me! _____

Patient's Signature _____ Date _____

(Parent or guardian of minor)