

ERIKA EEDS, D.C.
Corsicana Chiropractic
2300 W. 2nd Avenue
Corsicana, Texas 75110
903.872.5657

WELCOME!

How did you find out about Corsicana Chiropractic? _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone#: _____

Social Security Number: _____

Driver's License # _____ Sex _____ Age _____ Date of Birth _____

Are You () Married () Not Married

Employer: _____ Phone # _____

Address: _____ How Long Employed _____

Spouse/Parent Name _____

Employer _____ Phone # _____

Name, address and phone # of nearest relative not living with you: _____

Relationship _____

Medical Coverage: () Medical Insurance () No Insurance
() Auto Personal Injury Insurance

Is this injury related to _____ work, _____ auto accident, or _____ other injury?

If this is a work related injury, has this injury been reported to your employer? () Yes () No

Have you seen a Chiropractor before? () Yes () No

If yes, name of Chiropractor _____

In case of an emergency please contact: _____

Work phone _____ Home phone _____

I will pay for today's services by () Credit Card () Check () Cash

I have read the above information and certify it to be true and correct to the best of my knowledge and belief and hereby authorize this office to release any information necessary to expedite insurance claims. I also give Dr. Eeds permission to examine and treat me.
Patient Signature (if minor, parent/guardian signature below)

_____ Date _____