Active Health Chiropractic & Therapy
4100 Duval Rd Bldg 4, Suite 203
Austin, Texas 78759
(512) 833-7700

New Patient Information

Last Name _____ First Name _____ Middle Name _____

Address _____ Apt # _____ City/State _____ Zip _____

Mobile Phone _____ Mobile Carrier:_____ To receive appointment reminders via text message Alternate Phone _____

Email _____ Marital Status: (M / S / D / W) Sex: M/F

Date of Birth _____ Age _____ SSN _____

Employer _____ Occupation _____ Name of Spouse / Guardian _____

How did you hear about our office? _____

Emergency Contact Information

Name _____ Phone Number _____ Relationship _____

Primary Care Physician _____ Phone Number _____ Facility _____

Health Insurance Information

Insurance Company (primary) _____ Insurance Company Phone Number _____

Policy # _____ Group # _____

Insured's Name _____ Relationship to Insured (Self / Spouse / Child / Other)

Insured's SSN _____ Insured's Date of Birth _____

I understand and agree that health and accident policies are an arrangement between an insurance carrier and me. Furthermore, I understand that this office will prepare any necessary documents and forms to assist me in making collection from the insurance company, and that any amount authorized to be paid directly to this office will be credited to my account upon receipt. I permit this office to endorse co-issued remittances for the conveyance of credit to my account. However, I clearly understand and agree that all services rendered to me are charged directly to me, and that I am personally responsible for payment. I hereby assign the doctors at Active Health Chiropractic and Therapy and whomever they may designate as their assistants to administer treatment, as they so deem necessary, ands also authorize the release of any information acquired in the course of my examination and treatment. I certify that the above information is true and correct, and if any changes occur, I will notify the staff.

Print Patient Name _____ Patient's or Representative's Signature _____

Date _____