Sunnyside Health Center & Chiropractic Clinic, PC

Patient Intake Form

Please fill out this form completely

Name: ____ Date: ______________

Address: ____

City: ___________________________ State/Prov: _________ Postal code: ___________

Date of Birth: _____________ Sex: ❑ Male ❑ Female **Are you a Shaklee Member?** ❑ Yes ❑ No

Home Phone: (____) ____-______ Cell Phone: (____) ____-______ Other: (____) ____-______

E-mail: ____

Occupation: __________________________________ Work Phone: (____) ____-______

❑ Single ❑ Married ❑ Widow ❑ Divorced Spouse Name: _____________________________

Parents/Legal guardians name: ____

Health Concerns/Objective: ____

____

Referred by: _____________________________ **Are they a Shaklee Member**? ❑Yes ❑No

Their phone # so that we may thank them:

Previous Treatment

Physician: _________________________ (Select one) DC ND DO MD Other: ______

Address: _______________________________ Phone: _____________________

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Diagnosis: ___________________________ Treatment: ____________________

Results: ____

Physician: _________________________ (Select one) DC ND DO MD Other: ______

Address: _______________________________ Phone: _____________________

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Diagnosis: ___________________________ Treatment: ____________________

Results: ____

Informed Consent

While the therapies at Sunnyside Health Center may benefit health, I understand that no promise of cure is made. I understand that the procedure known as metabolic evaluation is not a chiropractic or medically recognized technique of diagnosis or treatment of any disease or condition. I understand that the procedure is experimental and is for the purpose of gathering data to compare with orthodox procedures. I accept responsibility for my health. Sunnyside Health Center does not guarantee any particular benefit beyond that of improved nutritional awareness.

Continued On the Other Side

Patient's Signature: ___________________________________ Date: ______________

Financial Information

Payment, in full, is due at the time services are rendered.[1] Sunnyside Health Center accepts Visa, MasterCard, American Express, cash and checks.

We do not bill insurance. The health care providers at Sunnyside Health Center devote their energies to meeting their patient's needs in the most effective way possible and, therefore, are not enrolled in any insurance programs

When you settle your account, at the end of your visit, you will receive a statement that lists the services rendered, which you may submit to your insurance provider. Because policies vary, you should learn your insurance company's coverage policies and submission requirements prior to receiving services at this clinic. Insurances that do cover chiropractic many times have limitations and will not pay for any services other than manipulations.

Although we attempt to keep our diagnostic and procedure codes up to date, we cannot guarantee the accuracy of the codes we provide. Please inform our receptionist if you plan to bill your insurance so that she can obtain a diagnosis code from the doctor.

I understand that I am personally responsible for all charges incurred at Sunnyside Health Center. Should collection processes become necessary, I will assume responsibility for any and all collection fees, interest accrued[1], court costs, and attorney's fees involved. I hereby authorize Sunnyside Health Center to furnish information concerning my illness or injury to my insurance company or attorney.

I have read, and I accept, the financial arrangements listed above.

Patient's Signature: ____ Date: ________________________________

❑ This patient is a minor. I hereby give permission to the doctors of this office and whomever they designate to attend the patient. I am the patient's legal guardian. I accept financial responsibility for this patient.

Guardian's Signature: ________________________________ Date: ________________________________

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[1] Outstanding balances will be charged a 1.5% **monthly** interest rate (18% APR). Checks that cannot be cashed (due to stop payment, Non-Sufficient Funds, etc.) will be charged a fee up to $25 per check.