

Wenger Chiropractic Group

PATIENT INFORMATION

Patient ID#: _____ Today's Date: _____

First name M.I. Last Name Nick Name

Address City State Zip Code

Social Security # Gender: Male/Female Primary Language Date of Birth

Marital Status: Single Married Widowed Divorced Legally Separated Spouse Name: _____

Race: (Choose most appropriate)

- White African American or Black Asian Hawaiian or Pacific Islander
 American Indian or Alaska native other Decline to specify

Ethnicity: (Choose most Appropriate)

- Not Hispanic or Latino Hispanic or Latino Decline to Specify

Please indicate how you wish to be contacted for reminder calls:

_____ **Text Message Preferred**
CELL PHONE CELL PHONE CARRIER *Standard text rates may apply. Appointment reminders and other office alert be sent

_____ _____
Home Phone Work Phone

Emergency Contact Name Phone Number Family Doctor Name Family Doctor Office
 Check if you **Do Not** want a letter sent to your family Doctor

Primary Insurance Member ID Group Number

Primary Insured Name Employer Name HSA / HRA / Neither

Who Referred You To Us?

- Physician Friend Insurance (define 1)
 Internet (define 2) Other _____
Referral Name _____