

PATIENT DATA SHEET

General Information

First Name _____
Middle Initial _____
Last Name _____
Called Name _____
Address _____
City _____
State _____
Zip Code _____
Home Phone _____
Work Phone _____
Cell Phone _____
Email Address _____
Sex Male Female
Race American Indian, Alaska Native, Asian,
Black or African America, Native Hawaiian,
Other Pacific Islander, White, Declined to State
Ethnicity Declined to State, Hispanic or Latino
Language _____
Marital Status Single Married Other _____
Birthdate _____
Social Security _____
Referred By _____
Work Status Employed Full-time student Other

Insured's Information

Patient is the Same/Self Husband Wife Child Other of Insured
First Name _____
Last Name _____
Address _____
City, State, Zip _____
Phone Number _____
Social Security _____
Date of Birth _____
Sex Male Female

Patient Privacy

Individuals or parties (eg. Spouse) that can have access to my health information at Wheat Chiropractic & Wellness center include:

Name:

Relationship:

1. _____
2. _____
3. _____

Signature: _____ Date: _____

For Office Use Only

Account Number _____
Account Category _____
Type of Account 1 2 3 4 5 6 7 8 9 Z
Copay _____
Deductible _____
Donation _____
Unused Deductible _____
Visits _____

*Our staff will call to remind you of your next scheduled appointment when there is a 3 week waiting period between each of your visits. If you do not wish to receive a reminder call prior to your future appointment please select to opt out of this service by selecting your preference.
Yes: ____ No Reminder: ____

AFLAC Information

Policy Holder: _____
Will you need a Claim Form: Yes ____ No ____
Accident Date: _____

Please notify the receptionist if you plan to submit an AFLAC Claim Form for today's visit.