Knoche Chiropractic
1010 S. Sunset Ave. Roswell, NM
(575) 623-4383

CASE HISTORY

Full Name:_____ Date of Birth:_____ SS:_____

Sex: M F Marital Status: Married___ Single___ Widowed___ Divorced___ # of Children: _____

Home Address:_____ City:_____ State:___ Zip:_____

Mailing Address: _____ City:_____ State:___ Zip:_____

Home #:_____ Cell #::_____ Message #:_____

Occupation:_____ Employer:_____ Years:_____

Employer's Address:_____ Phone #::_____

Spouse's Name:_____ Employer::_____

Referred to this office by: _____

What are your present complaints/symptoms? _____

Condition interfering with your: ____ Work ____ Sleep ____ Daily routine Other:_____

Have you been treated by another doctor for this condition? _____

Are you taking any medications? ___ Y ___ N If yes, please list: _____

Emergency Contact Information:

Name: _____ Address:_____ Phone:_____

INSURANCE INFORMATION

Are you covered by Medicare? Yes ___ No___ Medicare #:_____

Do you have any group, personal health, or accident insurance? ___ Yes __ No

Primary Insured's Name: _____ DOB:_____

Insurance Provider:_____ Policy/ID #:_____ Group #:_____

Address:_____ Phone #:_____

I understand and agree that health insurance policies are arranged between the insurance provider and myself. Furthermore, I understand that Dr. Knoche's office will prepare and submit any forms to make collection from the insurance company and that I am responsible for co-payment, deductibles, and cash prices. I also understand that if I suspend or terminate my treatment, any fees for services rendered to me will be immediately due.

Patient's Signature:_____ Date: _____