



5460 W. Franklin Rd. Suite B • Boise, Idaho • (208) 336-7900 •
BoiseChiropracticCare.net

PATIENT HISTORY

No Ins [] Reg Ins [] PI [] Auto [] WC [] Other _____

Patient Information

Name: First, Middle, Last			Account #	
DOB	Age	SSN	Marital Status (please check one) [S] [M] [D] [W]	
Street Address		City	State	Zip Code
Employer	Work Phone	Home Phone	Cell Phone	
Employer's Address		City	State	Zip Code
Email Address				

Responsible Party

Name: First, Middle, Last		DOB	SSN
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Spouse

Name: First, Middle, Last		DOB	SSN
Work Phone	Employer		
Employer's Address		City	State Zip Code

Primary Insurance Coverage

Insurance Company	Phone	Insured	Relation to Patient
Address	City	State	Zip Code
Policy Number		ID #	

Coverage Information:	Deductible	Met?	Co-pay
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Other _____

Signature of Patient or Legal Guardian _____

Date _____