

Carraway Chiropractic Center

"Welcome to Our Practice"

Today's Date: _____

About You

Title: Mr. Mrs. Ms. Miss (please check one)

First Name: _____ Middle Initial _____ Last Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Mobile: _____

Preferred method of contact: _____

Date of Birth: ____/____/____ Male Female E-mail: _____

By providing my email address, I authorize my doctor to contact me via the email address provided.

Social Security #: _____ - _____ - _____ Marital Status: Single Married
 Widowed Divorced
 Legally Separated

Employment Status (please check one): Employed (circle: Full time / Part time) Self Employed
 Unemployed Retired Disabled Student (circle: Full time / Part time)

Occupation: _____ Employer: _____

Address: _____
Street City Zip Code

Your Spouse: First Name: _____ Middle Initial _____ Last Name _____

Phone: Home: _____ Work: _____ Mobile: _____

Is your spouse a patient in this office? Yes No

Emergency Contact: _____ Phone: _____

How did you choose our office? Friend/ Family Member: _____

Physician Referral: Dr. _____ Internet Yellow Pages Newspaper Other: _____

Demographics

Race (check one) White Black/African Amer. Hispanic Asian Other _____ I choose not to specify

Multi-Racial (check one) Yes No Unknown

Ethnicity (check one) Hispanic or Latino Not Hispanic or Latino I choose not to specify

Preferred Language (check one) English Other: _____

For Access to Electronic Medical Records via E-mail: Verification Question - (Choose only one question by checking the question, then give the answer below)

- | | |
|---|--|
| <input type="checkbox"/> What is the name of your favorite pet? | <input type="checkbox"/> In what city were you born? |
| <input type="checkbox"/> What high school did you attend? | <input type="checkbox"/> What is your favorite movie? |
| <input type="checkbox"/> What is your mother's maiden name? | <input type="checkbox"/> On what street did you grow up? |
| <input type="checkbox"/> What was the make of your first car? | <input type="checkbox"/> When is your anniversary? |

Verification answer to the chosen question: _____

Answers must be at least 6 characters.