NEW PATIENT FORM

Thank you for choosing Bridgepoint Chiropractic as your Chiropractic health care provider. We look forward to providing you with high quality care, tailored to your specific needs.

NAME ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

First Name: _____

Last Name: _____

Date of Birth: Day _____ Month _____ Year _____

Address: _____

_____

Phone: Home ( ) _____ Work ( ) _____

Cell ( ) _____

E-Mail Address: _____

Occupation: _____

Emergency Contact: _____ Phone: ( ) _____

MEDICAL INFORMATION

Health Card # _____

Previous Chiropractor: _____

Date of last Chiropractic visit: _____

Medical Doctor: _____

Medical Doctor's phone: ( ) _____

HOW DID YOU HEAR ABOUT US?

☐ Newspaper ☐ Internet ☐ Yellow Pages

☐ Sign ☐ Friend/Relative ☐ Doctor

☐ Current/Previous Patient _____

FORM CONTINUED ON OTHER SIDE

BILLING INFORMATION

Is this a Workplace Safety & Insurance Board Injury? □ yes □ no
(If you answered NO, you may skip this section)

Social Insurance Number: _____

WSIB Claim Number: _____ Date of Accident: _____

Adjuster's Name: _____

Are your injuries related to a motor vehicle case? □ yes □ no
(If you answered NO, you may skip this section)

Date of Accident: _____

Insurance Company:_____

Policy or Claim #: _____

Do you or your spouse have a benefit plan that covers Chiropractic? □ yes □ no
(If you answered NO, you may skip this section)

Insurance Company:_____

Policy / Member #: _____

CREDIT CARD AUTHORIZATION FOR AUTOMATIC BILLING

Leaving your credit card information on file is a time-saving and convenient payment option.

** Outstanding balances will be automatically charged after 90 days. Credit card transaction receipts will be kept on file.*

CREDIT CARD TYPE _____ CREDIT CARD # _____

CARD CV2 # _____ (3 digits on back of card) EXPIRATION DATE_____

NAME ON CARD _____

(As it appears on card)

CONSENT

I agree and understand that I am responsible for ***all charges*** relating to my visit.

Date _____ Signature _____

Date _____ Guardian _____
(If patient is under 18 years of age)

PLEASE NOTE:

All accounts are the responsibility of the patient. Only some benefit plans allow us to direct bill them or allow assignment of benefits/payment directly to our office. If your extended health care insurance covers chiropractic services and does not allow assignment of benefits, you will be issued payment statements to accompany your claim.