Evan P. Antolik DC	**PATIENT REGISTRATION**	7th Street Chiropractic & Acupuncture Center, PC

PERSONAL DATA

Print Full Legal Name: Last First Middle	☐Mr ☐Miss ☐Dr ☐Mrs ☐Jr ☐Rev ☐Ms ☐Sr ☐	Preferred name:

Social Security Number	Date of Birth	Driver's License Number	☐Male ☐Female	☐Married ☐Widowed ☐Single ☐Divorced

Mailing Address	City	State	Zip Code

Home Phone # with area code	Work Phone # with area code and ext.	Cellular or other phone # with area code

Employer's Address	City	State	Zip Code

E-mail Address	Spouse's Name: Last First Middle	Spouse Date of Birth

EMERGENCY CONTACT

Contact Name: Last First Middle	Relationship	Phone # with area code

Contact Mailing Address	City	State	Zip Code

INSURANCE INFORMATION – PLEASE GIVE A COPY OF YOUR CARD

☐ Primary Insurance Company	☐ Secondary Insurance Company	☐ No Insurance

RESPONSIBLE PARTY INFORMATION – IF OTHER THAN PATIENT

Print Full Name	Social Security Number	Relationship to patient

Mailing Address	City	State	Zip Code

Home phone with area code	Work phone with area code	Other phone with area code	Date of Birth

AGREEMENT

1. Consent to Treatment: The undersigned consents to consultation, physical and x-ray examination, and other procedures rendered to the patient at 7th Street Chiropractic and Acupuncture Center, PC. Although the undersigned may elect not to undergo certain specific examinations or procedures, we may decline to treat you without adequate diagnosis or treatment plan.

2. Financial Agreement: The undersigned agrees, whether he/she signs as agent or as patient, that in consideration of the services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the account of the 7th Street Chiropractic and Acupuncture Center, PC in accordance with it's regular rates and terms. All insurance information must be registered with the front desk. Should the account be referred for collection, the undersigned shall pay reasonable attorney's fees and collection expenses.

3. Health Information Disclosure: The undersigned has received the 7th Street Chiropractic and Acupuncture Center, PC's Notice of Privacy Practices and consents to the use and disclosure of their health information to carry out treatment, payment activities, and health care operations. You have the right to revoke consent at any time by giving us written notice. However, we may decline to treat you if you revoke this consent.

The undersigned certifies that he/he has read the above Agreement, and that he/she has been offered a copy of the Notice of Privacy Practices. The undersigned also certifies that he/she is the patient, the parent or guardian of the patient, or is duly authorized by the patient as Patient's general agent to execute the above Agreement and accept its terms.

Patient	Date	
Patient	Date	Relationship to Patient