



Donia Chiropractic, Inc.

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Redlands, CA 92373

INTAKE FORM - PLEASE PRINT CLEARLY: *Required Fields

*Date _____

*Name _____

*Address _____

*City _____ *State _____ *Zip _____

*Phone(s) Home _____ Cell _____ Work _____

*Date of Birth _____ *Email Address: _____

*SSN _____ *Circle One: Single Married Other

*(NOTE - SSN IS REQUIRED ON ALL ACCOUNTS WHEN PAYING WITH CHECKS)

*Circle Employment Status Employed F/T Student P/T Student Retired Other_____

*Language Preference _____ Occupation _____

Employer Name/Address _____

City _____ State _____ Zip _____

*Emergency Contact Name _____ Relation _____ Phone _____

*Referred to this office by (circle one): SELF / INTERNET / YELP / OTHER / NAME _____

PCP or Family Physician Name/Phone _____

_____ Initial Here* This is an authorization to disclose PHI to my PCP or Family Physician

Health Insurance _____ HMO: Y / N

_____ Initial Here - Authorization to send Appointment Reminders (circle one): email text

Cell provider (circle one): AT&T | Sprint | Verizon | Other _____

Send appointment reminders before scheduled appointment (circle one): 1 day 4 hours 2 hours 30 mins

_____ Initial Here - Notice of Privacy Practices & Payment Policy given to patient/guarantor

*CURRENT HEALTH CONDITION / HERE TO SEE & WOULD ALSO LIKE TO SCHEDULE APPTS. WITH:

(Circle any and all providers that you would like to see here in the future) ***Join us for our monthly nutritional classes***

Chiropractor | Physical Therapist | Massage Therapist | Nutritionist | Monthly Nutrition Classes | Doctor | Fitness Trainer

*Overall Health (circle one) Excellent / Good / Fair / Poor / Other _____

*Was this related to an accident? Y / N * Auto / Work / Recreational / Other _____

*Chief Complaint(s) Reason you are here (use back of this sheet if more room is needed) _____