



P 909.793.2225
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1455 W. Park Ave
Redlands, CA 92373

INTAKE FORM - PLEASE PRINT CLEARLY:

*Required Fields

*Date _____

*Name _____

*Address _____

*City _____ *State _____ *Zip _____

*Phone(s) Home _____ Cell _____

*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 Other

*Language Preference _____ Occupation _____

Employer Name/Address _____

City _____ State _____ Zip _____ Phone _____

*Emergency Contact Name _____ Relation _____ Phone _____

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

PCP or Family Physician Name/Phone _____

Health Insurance _____ **HMO: Y / N**

_____ Initial here - Authorization to send Appointment Reminders (circle one) EMAIL or TEXT -AT&T, Sprint, Verizon, other _____

Send Appointment Reminders before scheduled appointment (circle one) 1day 4hours 2hours 30minutes

_____ 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:**

(Check 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 (**reason you are here**) (use back of this sheet if more room is needed) _____

Account # _____