

W E L C O M E
to
Luedtke-Storm-Mackey Chiropractic Clinic

Date_____

Dr _____

Patient Information

Last Name_____ First Name_____ Middle Initial_____
Street Address_____ City _____ State_____ Zip_____
Home Phone_____ Work/Day Phone_____ Extension_____
Birthdate_____ Age_____ Social Security # _____ E-mail _____
Marital Status _____ Female Male Occupation_____
Employer's Name & Address_____
Driver's License # _____ How did you hear about us?_____

Spouse Information (if applicable)

Spouse's Last Name_____ First Name _____ Middle Initial_____
Spouse's Birthdate_____ Social Security # _____
Spouse's Occupation_____ Employer Name_____
Employer Address (City, State Zip)_____
Has this person been a patient in one of our clinics? Yes No

Emergency Contact Information

Last Name_____ First Name_____ Middle Initial_____
Relationship to you_____ Phone _____ Alt Phone_____

Parent/Guardian Information (if applicable)

Parent/Guardian_____ Relationship to Patient_____
Full Address (if different from patient)_____
Phone Number_____ Birthdate_____ Social Security Number_____
Has this person been a patient in one of our clinics? Yes No

Injury Information

Were you injured at work? (Are you filing a worker's compensation claim?) Yes No
Were you in an auto or other accident? (Are you filing a third party accident claim?) Yes No

Insurance Information

Primary Ins Carrier_____	Secondary Ins Carrier_____
Policyholder's Name_____	Policyholder's Name_____
Subscriber Number_____	Subscriber Number_____
Group Number_____	Group Number_____
Relationship to Patient_____	Relationship to Patient_____
Policyholder's Birthdate_____	Policyholder's Birthdate_____

I request LSM to file to my insurance (if applicable); therefore, I hereby authorize release of any information necessary to process my claim. I understand that regardless of insurance, I am responsible for services/items not covered by insurance. I further authorize direct payment of my benefits to LSM Clinic.

Patient or Parent Signature if Patient is a Minor

Relationship (if applicable)

Date