Welcome!

Thank you for allowing my staff and me to become part of your health care team. Please provide us with the information necessary to establish your personal file in this office. If you should have any immediate questions, do not hesitate to ask!

Sincerely,
Rick Trevisin, D.C.

Patient Information

( ) Mr.
( ) Mrs. _____ Date_____
( ) Miss (First) (Middle) (Last)
( ) Ms.

Home Address _____
(Street) (City) (Zip)

Birth Date _____ Social Security # _____
Home Phone _____ Occupation _____
Patient Employed By _____ Business Phone _____
Business Address _____
Name of Spouse _____ Spouse's Employer _____
Referred By _____
Purpose of this Appointment _____
Date of Onset _____
Was this an Accident ? _____ ( )Auto ( ) Work ( ) Other
Please Describe the Circumstances _____
Prior Surgery _____
Medications Currently Taken _____

Insurance Information : Today, many health insurance companies require verification or pre-authorization of coverage at the time of your first visit, Please provide us with the following so we may assist with the filing of any claims on your behalf.

Do you have Medicare ( ) Yes ( ) No Medicare # _____
1 st Insurance Company _____ Group # _____
Insured's I.D. # _____( )Beneficiary( )Dependent

Have You Met This Year's Deductible ( ) Yes ( ) No ( ) Not Sure

Please Provide Us With Your Medicare / Insurance Card so we may place a copy in your personal file.

(Over)