

Weyand Chiropractic Associates

John S. Weyand, D.C., D.A.B.C.O

20 Park Drive

Hornell, NY 14843

Phone: (607) 324-7246

Fax: (607) 324-7249

UPDATE

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Social Security No.: _____

Work Telephone: _____ Employer: _____

Marital Status: M / S / D / W Name of Spouse: _____

Is this workers compensation? : Yes _____ No _____ or No Fault? : Yes _____ No _____

MEDICARE _____ EMPIRE _____ GHI _____ BC/BS _____ Other Insurance: _____

Please give your Insurance Card to the Receptionist. Thank you!

In order for us to best serve you, we must, naturally have all available information regarding your present health.

1. My present symptoms are: _____
2. Symptoms first appeared on: _____ Ever had similar condition? : _____
3. Have you had x-rays of this condition: _____ If Yes, when? : _____
4. Recent Falls: _____
5. Recent Surgery: _____
6. Recent Accidents: _____
7. Date of last Physical: _____
8. Are you Pregnant? : _____ If Yes, how long? : _____
9. Since I last saw you, I have seen Dr. _____?
10. Patients Comments : _____

Patient Signature: _____ Date: _____