

**Morgan Chiropractic Center, P.C.**

214 Dartmouth Dr. Midland, MI 48640 (989) 832-4400

Date: \_\_\_\_\_ File #: \_\_\_\_\_

Name (Last, First, Middle Initial): \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work/Cell): \_\_\_\_\_

Email address: \_\_\_\_\_

Would you like an e-mail reminder of upcoming appointments via a secure, web-based portal?  Yes  No

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: S M D W

Race: White/Caucasian African American Native American Asian Hawaiian/Pacific Island

Other: \_\_\_\_\_

Ethnicity: non-Hispanic/Latino Hispanic/Latino

Preferred Language: English Spanish Other: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Holder's Employer: \_\_\_\_\_

Policy Holder's Date of Birth: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Secondary Insurance Company: \_\_\_\_\_

Were you injured on the job? (Workman's comp):  Yes  No

Were you injured in an automobile accident? :  Yes  No

Previous Chiropractic Care: Yes No where and when: \_\_\_\_\_

Medical Doctor's Name: \_\_\_\_\_

Reason for this visit: \_\_\_\_\_

Any accidents, hospitalizations, or injuries since you were last seen?  Yes  No

If yes, please explain: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_