

# Welcome to Life Line Chiropractic

## Patient Intake Form

Please print legibly while answering the following questions.

Name	Date of Birth
Address	Home/Cell Phone
City	State/Zip
Employer	Marital Status
Do you have health insurance you would like us to file? If yes, please name your carrier.	Have you been to a Chiropractor before? If yes, please name your previous Chiropractor.

Please share your reason for visiting us today. \_\_\_\_\_

Who may we thank for referring you to our office? \_\_\_\_\_

Would you like to be put on our list to receive our newsletter?

Our monthly newsletter contains relevant health articles, wellness tips, and savings to use in the office.

Yes \_\_\_\_\_ email- \_\_\_\_\_

No \_\_\_\_\_ (your email will not be shared or used for any other purpose)

**Female History** - Are you pregnant? Y N When is your due date? \_\_\_\_\_

The above information is true and accurate to the best of my knowledge.

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your time, and for filling out the New Patient Forms as completely as possible.  
Please remember all information given is strictly confidential.*

