YOUR HEALTH PROFILE - CONTINUED

Please tell us about your health as an adult (18 to Present):

YOUR ADULT YEARS:

	YES	IN THE PAST	NO		YES	IN THE PAST	NO
Do/did you use tobacco?	□	□	□	Do/did you play adult sports?	□	□	□
Do/did you drink alcohol?	□	□	□	Do/did you participate in extreme sports?	□	□	□
Have you been in any accidents?	□	□	□	Have you had any surgeries?	□	□	□
Do you consume soda on a daily basis?	□	□	□	Do you take daily medications? (legal or not)	□	□	□

PAYMENT INFORMATION

How will payment be made? □ Self / Cash □ Health Insurance □ Auto/Injury Insurance □ Work Accident
□ Medicare □ Medicaid/BadgerCare □ Other: _____

Carrier Name: _____

Primary Insured: (if not you): _____ DOB: _____

Insurance SSN or Group # _____

Date of Injury (If applicable): _____ Claim #_____

Auto Ins Name: _____ Attorney Name: _____

INSURANCE ASSIGNMENT & RELEASE OF RECORDS

I certify that I, and /or my dependent(s), have insurance coverage with the above Carrier and assign directly to Advanced Spine Center all insurance benefits, if any otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

Advanced Spine Center may use my health care information and may disclose such information to my insurance Carrier(s) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

I hereby authorize the doctors at Advanced Spine Center to perform an examination, including x-rays if indicated, and to provide chiropractic services to me (or my dependants) based on the information provided herein.

_____

Signature of Patient, Parent, Guardian or Personal Representative

OFFICE OPTIONS:

_____

Please **Print Name** of Patient, Parent, Guardian or Personal Representative

□ YES □ NO Please Text or Email me appointment reminders when needed.
□ YES □ NO I would like to discuss payment options in order to afford care that I may need.
□ YES □ NO I am interested in long-term wellness for my family.

Welcome to our office! Want more information? Visit us online at advspinecenter.com or on Facebook

Advanced Spine Center
11203 North Buntrock Ave in Mequon
Right across from the fire department
(262) 512-1661