



PERSONAL INFORMATION

() M () F () minor () single () married () divorced () widowed

Patient's name: _____
(Last) (First) (Middle Initial)

Social Security Number: (required by insurance) _____ Date of Birth: _____

Street address: _____

City: _____ State: _____ Zip: _____

If minor child, name of parent/legal guardian(s) _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

Employer: _____ Occupation: _____

Email Address: _____

Name of person/healthcare specialist that referred you to our office: _____

Name of Primary Care Physician: _____

_____ Initial if you do **not** authorize us to inform your Primary Care Physician of your care.

PAYMENT INFORMATION

Do you have medical insurance? () yes () no Do you have secondary insurance? () yes () no

Relationship to insured: () self () spouse () child () other _____

If other than self:

Insured's full name: _____

Street address if different from above: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number (required by insurance): _____

Employer: _____ Occupation: _____

AUTHORIZATION AND RELEASE

I do hereby grant permission to Thomas A. Coletto, D.C. to examine and treat me (or my minor child) as deemed necessary. I hereby assign all chiropractic, medical and/or physical therapy benefits, to include major medical benefits and payments to which I am entitled including Medicare and other government sponsored programs, private insurance and any other health plans to Chiropractic Associates of Westlake, LLC. This assignment will remain in effect until revoked by me in writing. I hereby authorize the release of any/all information necessary to secure payment of said benefits. I understand that I am financially responsible for all charges, whether paid or not by said insurance, including Worker's Compensation. I hereby authorize the release of any medical records to Chiropractic Associates of Westlake. I acknowledge the Privacy Practices in this office, and my understanding of its terms.

Patient/Parent/Legal Guardian Signature: _____ Date: _____