

**Update Registration Form**  
(Established Patients)

**PERSONAL INFORMATION**

Date \_\_\_\_\_

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

Patient's name: \_\_\_\_\_  
(Last) (First) (Middle)

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Birth date: \_\_\_\_\_

SS #: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of PCP: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Initial if you would like your PCP to be informed of your visits to this office.

(If you do not initial, we will NOT send your PCP any information regarding your care)

**Payment Information:**

Please check any that apply

- No Insurance
- New Insurance
- Additional Insurance

Patient's relationship to insured: ( ) self ( ) spouse ( ) child ( ) other

**If other than self:**

Insured's full name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Birth date: \_\_\_\_\_

S.S. #: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone #: \_\_\_\_\_

**AUTHORIZATION AND RELEASE**

I do hereby grant permission to Dr. Coletto or Dr. Sylvester to examine and treat me (or my minor child) as he/she deems necessary. I authorize payment directly to Chiropractic Associates of Westlake for all services rendered. I authorize the release of any information in regard to my examination, treatment and diagnosis, (or that of the minor child named above) if requested by the insurance carrier or third party payer for the purpose of processing my claim or to resolve an outstanding balance. I also authorize the release of any medical records, test results or radiological studies to be used for diagnostic purposes by Chiropractic Associates of Westlake. I acknowledge the receipt of a copy of the Notice of Privacy Practices, and my understanding and agreement to its terms.

X \_\_\_\_\_ Signature of Patient or Guardian